

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION**

WILLIAM LANIER ELLIS, SR.,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 3:07-cv-920-MHT-SRW
)	
RUSSELL COUNTY JAIL, et al.,)	
)	
Defendants.)	

DEFENDANTS' SPECIAL REPORT

COME NOW the Defendants, Tina Riley-Pelfrey (hereafter, "Nurse Riley"), Dr. Spud Warr (hereafter, "Dr. Warr"), Danny Bussey (hereafter, "Sgt. Bussey"), Officer John Still (incorrectly listed in Plaintiff's Amended Complaint as "Officer Stihl") (hereafter, "Deputy Still"), and Loetta Holland (hereafter, "Lieutenant Holland"), and submit their Special Report to the Court as follows:

INTRODUCTION

The Plaintiff in this action, William Lanier Ellis, Sr. (hereafter, the "Plaintiff"), filed his Complaint on October 12, 2007. The Complaint alleges violations of his Eighth Amendment rights. On October 16, 2007, this Court ordered the Defendants to submit a Special Report concerning the factual allegations made by the Plaintiff in his Complaint. On October 24, 2007, the Plaintiff moved to amend his Complaint, which motion was granted on October 25, 2007. On November 27, 2007, the Plaintiff again moved to amend his Complaint, which motion was granted on November 28, 2007. The Complaint, the first Amended Complaint, and the second Amended Complaint, hereafter will be referred to as the "Complaints."

PLAINTIFF'S ALLEGATIONS

The Plaintiff appears to be alleging that the Defendant failed to provide adequate or appropriate medical attention, in violation of the Plaintiff's Eighth Amendment right to be free from cruel and unusual punishment.¹

DEFENDANTS' RESPONSE TO PLAINTIFF'S ALLEGATIONS

Defendants Nurse Riley, Dr. Warr, Sgt. Bussey, Deputy Still, and Lieutenant Holland, deny the allegations made against them by the Plaintiff as said allegations are untrue and completely without basis in law or fact.

I. FACTS

The Plaintiff was incarcerated in the Russell County Jail on March 9, 2007 for Attempted Murder. (See, Inmate File of William Lanier Ellis (hereafter, "Inmate File"), attached hereto as Exhibit A and incorporated herein as if fully set forth.) The Plaintiff had been incarcerated in the Jail on several previous occasions, and on this occasion, was being transferred from the Muscogee County Jail. Id. At the time he was booked into the jail, the Plaintiff's medical history was taken and a mental and physical assessment done. (Id.; Affidavit of Tina Riley dated January 4, 2008 (hereafter, "Riley Aff."), attached herewith as Exhibit B and incorporated herein as if fully set forth, at ¶ 7; Medical File of William Lanier Ellis (hereafter, "Medical File"), attached hereto as Exhibit C and incorporated herein as if fully set forth.) During the intake medical screen, the Plaintiff indicated that he was not sick in any way, but that he suffered from a ruptured disc. Id. He also indicated that he was taking Zantez and Phenobarbital. Id. The only medication the Plaintiff brought with him from the Muscogee County Jail was Phenobarbital. Id.

¹ This statement of the Plaintiff's Allegations is based upon Plaintiff's Complaint and Amended Complaints, and the undersigned's interpretation of the issues raised. If other issues are presented, Defendants request that this Honorable Court grant Defendants an opportunity to answer and address those issues.

The Plaintiff did not bring any prescriptions with him, and the Plaintiff never requested the Russell County Jail medical staff to call a doctor or pharmacist to check on any prescriptions. Id.

Beginning with his admission in the Russell County Jail in March, 2007, the Plaintiff was administered Phenobarbital for seizures, and Naproxen for pain. (Medical File.) The Russell County Jail actually increased the Plaintiff's dosage from what he had been given in the Lee County Jail. (Riley Aff. at ¶ 8.) Within approximately four (4) days of the Plaintiff being admitted, Nurse Riley obtained the Plaintiff's medical records from the Lee County Jail. (Riley Aff. at ¶ 7; Medical File.)

In June, in addition to the Phenobarbital and Naproxen, the Plaintiff began receiving Tramadol for pain. (Medical File; Riley Aff. at ¶ 10.) Tramadol is a non-narcotic pain reliever, which Dr. Warr substituted for the Plaintiff's previous pain reliever, which was potentially narcotic. (Affidavit of Spud Warr dated January 4, 2008 (hereafter, "Warr Aff."), attached herewith as Exhibit D and incorporated herein as if fully set forth, at ¶ 7.) On June 26, 2007, Nurse Riley obtained the Plaintiff's medical records from Med-Care. (Medical File; Riley Aff. at ¶ 14.) On that same date, the Plaintiff submitted his first grievance regarding his perceived inadequacy of medical care. Id. As a result of that grievance, the Plaintiff was scheduled to be examined by Dr. Warr, was given an extra-thick mattress for added comfort and to reduce his pain, and was moved to a cell with a bunk rather than being required to sleep on a mat on the floor.² (Id.; Riley Aff. at ¶ 11.) On June 28, 2007, Nurse Riley obtained the Plaintiff's medical records from St. Francis Hospital in Columbus, Georgia. (Medical File.) These records indicate that at least as late as September, 2002, there was no evidence of a spinal fracture or dislocation. Id.

² The Russell County Jail was experiencing extreme overcrowding at that time, which necessitated some inmates sleeping on the floor on elevated mats.

On July 24, 2007, the Plaintiff was transported to see Dr. Jose A. Canedo, a neurologist. (Id.; Warr Aff. at ¶ 10.) Dr. Canedo concluded that the Plaintiff suffered from mild to moderate back injury, and suggested exercise, therapy and medication. (Medical File.) At that examination, the Plaintiff became very upset to the point where Dr. Canedo had to terminate the discussion. Id. Dr. Canedo later informed Dr. Warr that he did not recommend any change to the Plaintiff's current treatment, and that he did not want to examine the Plaintiff anymore because the Plaintiff had become hostile. (Id.; Warr Aff. at ¶ 10.)

In September, in addition to the Naproxen, Phenobarbital, and Tramadol, the Plaintiff was given Buspar for anxiety, Pseudophedrine for allergies, and Effexor for depression. (Medical File; Riley Aff. at ¶ 10.) On September 16, 2007, the Plaintiff filed his second grievance regarding his perceived inadequacy of medical care. Id. On September 25, 2007, the Plaintiff submitted a lengthy (10-page) letter to Dr. Warr detailing his difficulties, and complaining of his medical treatment. Id.

In October, the Pseudophedrine, Buspar and Effexor were discontinued, but the Plaintiff continued to receive Naproxin, Phenobarbital, and Tramadol. Id. The Plaintiff refused to take the Effexor and Busbar, but did not explain why. (Warr Aff. at ¶ 9; Medical File.) On October 9, 2007, the Plaintiff submitted his third grievance regarding his perceived inadequacy of medical care. (Medical File.) In response to that grievance, the Plaintiff was examined by Dr. Warr. Id. On October 10, 2007, the Plaintiff submitted his fourth grievance regarding his medical care. Id. As a result, modifications were made to his medication. Id. On October 15, 2007, the Plaintiff submitted his fifth grievance regarding his medical care. Id. As a result of that grievance, an appointment was made for the Plaintiff with East Alabama Mental Health.

(Id.; Warr Aff. at ¶ 9.) On October 22, 2007, the Plaintiff submitted his sixth and seventh grievances regarding his medical care. Id.

In November, 2007, in addition to the Naproxen, Phenobarbital, and Tramadol, the Plaintiff was given Mirtazapine, an anti-depressant, and Chlorpromazine, which is, *inter alia*, an anti-psychotic drug, Diphenhydramine, an antihistamine, Lopressor, which is prescribed for high blood pressure and hypertension, and Robaxin, which is a muscle relaxant used to treat pain. Id. On November 14, 2007, the Plaintiff was taken to Summit Hospital and an MRI was performed. (Medical File; Warr Aff. at ¶ 8.) The MRI revealed a protruding disc in the Plaintiff's spine. Id.

On November 20, 2007, Sergeant San Nicholas, a correctional officer at the Russell County Jail, was doing a head count with another officer and found a water bag in the Plaintiff's cell block. (Affidavit of Michael J. San Nicholas dated January 4, 2008 (hereafter, "San Nicholas Aff."), attached herewith as Exhibit E and incorporated herein as if fully set forth, at ¶ 4.) A water bag is an improvised weight-lifting device constructed from a trash bag filled with water. Id. Inmates are not supposed to have or make water bags. Id. Usually, a water bag consists of two plastic bags placed in a shirt. Id. The Plaintiff's water bag consisted of one plastic bag without a shirt. Id. The water bag was too heavy for Sergeant San Nicholas to lift, so he poked a hole in it. Id. Water came out faster than he expected so he left to get mops and buckets to clean it up. Id. While Sergeant San Nicholas was gone, he received a call on the radio that an inmate had fallen. Id. He responded back to the cell block and found the Plaintiff laying on the floor. Id. The Plaintiff appeared to be in good spirits, making jokes and laughing with the other inmates. Id. He had some wet spots on his clothes, but he was not soaked or dripping. Id. The Plaintiff informed Sergeant San Nicholas that he (the Plaintiff) had hurt his back. Id. Sergeant San Nicholas called another officer to get a wheelchair, and helped the

Plaintiff sit up on the floor. Id. The Plaintiff stood and got into the wheelchair by himself. Id. Sergeant San Nicholas wheeled the Plaintiff to the Jail infirmary and called the on-call nurse. Id. Dr. Warr instructed the jail staff to send the Plaintiff to Summit Hospital for x-rays. (Warr Aff. at ¶ 11; San Nicholas Aff. at ¶ 4.) Id. Therefore, Sergeant San Nicholas placed the Plaintiff in a holding cell until a deputy could take custody of him and transport him. (San Nicholas Aff. at ¶ 4.) Id.

At that time, Deputy Still was on the Sheriff's Department transportation team, which meant that he was on call for jail transports. (Affidavit of John Still dated January 4, 2008 (hereafter, "Still Aff."), attached herewith as Exhibit F and incorporated herein as if fully set forth, at ¶ 4.) On that date, Deputy Still was called to the Russell County Jail to transport the Plaintiff to Summit Hospital for a possible back injury. Id. When he arrived at the Russell County Jail, the Plaintiff was sitting in a wheelchair in a holding cell, wearing sweat pants and a t-shirt. (San Nicholas Aff. at ¶ 4; Still Aff. at ¶ 4.) Jail policy dictates that an inmate may not be transported in a jail unless he or she is in a white Russell County jail uniform. (Still Aff. at ¶ 4.) Therefore, prior to the Plaintiff being transported, Sergeant San Nicholas provided him with a fresh, clean uniform. (Still Aff. at ¶ 4; San Nicholas Aff. at ¶ 4.) Sergeant San Nicholas observed the Plaintiff stand up and change clothes without any assistance. Id. Upon observation, he did not appear to experience any pain, and had no trouble changing clothes. Id.

The Plaintiff was required to be placed in restraints for transport. (Still Aff. at ¶ 4.) When jail personnel began to put a waist belt restraint on him, the Plaintiff informed them that he did not want any restraints on him when he went to the hospital. Id. However, the Plaintiff is charged with attempted murder and therefore, Jail policy dictates that he cannot go out of the jail without restraints. Id. Therefore, the waist belt restraint was applied to the Plaintiff. Id. Deputy

Still personally checked the tightness of the restraint and found that it moved up and down with ease; in fact, it could move all the way up to the Plaintiff's ribs. Id. At that time, the Plaintiff did not complain about the tightness of the restraints. Id.

The Plaintiff walked out of the jail under his own power and was transported in Deputy Still's patrol unit to Summit Hospital. Id. at ¶ 5. He walked into the hospital under his own power. Id. Deputy Still observed hospital personnel attempt to perform an MRI on the Plaintiff, but he kept moving and therefore, the MRI was unsuccessful. Id. While they were at the hospital, the Plaintiff began complaining about the tightness of the restraining belt. Id.

While the Plaintiff and Deputy Still were en route to and at the hospital, Deputy Still did not ask the Plaintiff any questions; however, the Plaintiff was voluntarily talking about his case. Id. at ¶ 6. Deputy Still has not spoken to any investigators or other law enforcement or judicial personnel about the Plaintiff's case or concerning what the Plaintiff told him. Id.

During his next jail visit after the Plaintiff's fall and trip to the hospital, Dr. Warr read the Plaintiff's hospital report and x-ray results. (Warr Aff. at ¶ 11.) The x-ray results were negative, showing no injury to the back. Id. Dr. Warr later visited Summit Hospital and consulted with Dr. Byeth, the neural radiologist who performed the MRI.³ Id. Dr. Byeth informed Dr. Warr that the Plaintiff's situation might respond to chiropractic decompression as an alternative to surgery. (Warr Aff. at ¶ 8.) Therefore, Dr. Warr arranged to send the Plaintiff to a chiropractor in Auburn, Alabama. Id. On November 29, 2007, the Plaintiff was transported to see Dr. Tracy L. Hartford of Auburn Chiropractic Associates. (Id.; Medical File.) Dr. Hartford indicated that the Plaintiff be treated during the course of six (6) visits. Id.

³ At that time, Dr. Warr also consulted with the radiologist who treated the Plaintiff after his fall, and personally examined those x-rays. (Warr Aff. at ¶ 11.)

On December 5, 2007, the Plaintiff was transported to his second chiropractic appointment with Dr. Hartford. Id. The Plaintiff was transported to Dr. Hartford's office again on December 7, 2007. Id. On December 10, 2007, after only three visits, the Plaintiff was again taken to see Dr. Hartford, but refused treatment. Id. Dr. Warr currently has scheduled an appointment for the Plaintiff to see a neurosurgeon. (Warr Aff. at ¶ 11.)

On one occasion when the Plaintiff was being examined by Dr. Warr in the Jail infirmary, the Plaintiff complained to Dr. Warr that he had not been indicted, as well as voicing other complaints about his case. (Riley Aff. at ¶ 13.) Nurse Riley offered to call the district attorney's office to find out the status of his case for him. Id. The Plaintiff responded "Would you, please?" Id. Nurse Riley did in fact telephone the district attorney's office and found out the status of the Plaintiff's case and relayed that information to the Plaintiff. Id.

From the date of his incarceration in the Russell County Jail until January 2, 2008, the Plaintiff has submitted seven grievances and ***one-hundred nine (109)*** medical request forms. Id. At least ninety-one (91) of those grievances were responded to.⁴ Id. Most of the requests were for pain reliever, and in the overwhelming majority of instances, the Plaintiff received Tylenol or some comparable pain reliever. (Id.; Riley Aff. at ¶ 9.)

At the time of the Plaintiff's incarceration, the Jail had an inmate grievance procedure. (Affidavit of Loetta Holland dated January 4, 2008 (hereafter, "Holland Aff."), attached herewith as Exhibit G and incorporated herein as if fully set forth, at ¶ 4; Affidavit of Danny Bussey dated January 4, 2008 (hereafter, "Bussey Aff."), attached herewith as Exhibit H and incorporated herein as if fully set forth, at ¶ 4.) Grievances were required to be in writing and could be filed with any member of the Jail Staff. Id. Jail policy provided an exception that allowed emergency

⁴ This count includes only grievances that document a specific response. It is quite possible that several more of the grievances were responded to, either without documentation, or in instances where the documentation merely shows that the grievance was received and/or forwarded to the appropriate person.

grievances to be made orally. Id. Copies of all written grievances were placed in the inmate's file. Id. It is a violation of Jail policy to deny an inmate access to the grievance procedure. The Plaintiff was aware of the grievance procedure. The Plaintiff filed a series of grievances with respect to the subject matter of this lawsuit. (Inmate File; Medical File.)

The Jail has policies, procedures, and personnel in place to provide inmates with necessary medical care. (Holland Aff. at ¶ 5; Bussey Aff. at ¶ 6; Riley Aff. at ¶ 4; Warr Aff. at ¶ 4.) Inmates at the Jail can receive routine medical attention by simply requesting it. Id. The Jail's inmate medical policy also includes procedures for more urgent medical needs. Id. If a correctional officer believes he is confronting an obvious emergency, he has full authority to immediately send inmates to the Jail infirmary. Id. It is a violation of the policies of the Russell County Jail to deny necessary medical attention, care or medication to an inmate. (Riley Aff. at ¶ 5; Warr Aff. at ¶ 5.) It is the policy of the Russell County Jail that inmates are not given any medication that contains a narcotic ingredient. (Riley Aff. at ¶ 6; Warr Aff. at ¶ 7.) When regular medications are dispensed at the Jail, the inmate is asked to initial a Medication Administration Record. (Riley Aff. at ¶ 12.) If the inmate refuses to do so, Nurse Riley indicates "refuses to sign" on that document. Id.

Nurse Riley does not prescribe treatment or medication for inmates, nor does she diagnose their injuries or ailments. (Riley Aff. at ¶ 6; Warr Aff. at ¶ 14.) However, due to a shoulder injury, Dr. Warr has trouble writing, and his handwriting is difficult to read. Id. Therefore, Nurse Riley will frequently write Dr. Warr's orders upon his direction, and Dr. Warr then reads them for accuracy and signs them. Id.

Defendants Lieutenant Holland and Sergeant Bussey have no personal knowledge of the facts of the Plaintiff's Complaint. (Holland Aff. at ¶ 3; Bussey Aff. at ¶ 3.)

II. LAW

A. The Plaintiff's Claims are Barred by the Prison Litigation Reform Act for his Failure to Exhaust Administrative Remedies.

The Prison Litigation Reform Act requires exhaustion of all available administrative remedies before an inmate may file a lawsuit under 42 U.S.C. § 1983. See 42 U.S.C. § 1997e(a); Booth v. Churner, 532 U.S. 731, 733-34 (2001) (stating that 42 U.S.C. § 1997e(a) “requires a prisoner to exhaust ‘such administrative remedies as are available’ *before* suing over prison conditions.”). Exhaustion is required for “all inmate suits about prison life, whether they involve general circumstances or particular episodes, and whether they allege excessive force or some other wrong.” Porter v. Nussle, 534 U.S. 516, 532 (2002). The Plaintiff in this case has failed to utilize an administrative remedy available to him. Specifically, the Plaintiff has not alleged that he pursued any grievance through the State Board of Adjustment. See Brown v. Tombs, 139 F.3d 1102, 1103-04 (6th Cir. 1998) (requiring prisoners to affirmatively show that they have exhausted administrative remedies). Alabama law provides the opportunity to file a claim and proceed before the Alabama State Board of Adjustment pursuant to Ala. Code § 41-9-60 et seq. Because the State provides an administrative remedy that the Plaintiff failed to exhaust, the Plaintiff's claims are barred by 42 U.S.C. § 1997e(a). See Alexander v. Hawk, 159 F.3d 1321, 1326-27 (11th Cir. 1998) (affirming dismissal of present action due to failure to exhaust administrative remedies).

B. The Defendants, in Their Official Capacities, Are Entitled to Judgment in Their Favor as a Matter of Law.

In his Complaint, the Plaintiff has not designated whether he is suing the Defendants in their official or individual capacities. Out of an abundance of caution, to the extent the Plaintiff's Complaint can be construed as making official capacity claims, the Eleventh Amendment bars such

claims. Additionally, the Defendants, in their official capacities, are not “persons” for purposes of 42 U.S.C. § 1983.

1. All official capacity claims against the Defendants are barred by the Eleventh Amendment to the United States Constitution.

The Plaintiff’s official capacity claims against the Defendants are due to be dismissed for lack of subject matter jurisdiction. The Defendants, in their capacities as jail administrator, assistant jail administrator, deputy sheriff, jail doctor, and jail nurse, are executive officers of the State of Alabama. Therefore, a suit against them, in their official capacities, is a suit against the State of Alabama. See Hafer, 502 U.S. at 25; Lancaster, 116 F.3d at 1429; see also Kentucky v. Graham, 473 U.S. at 165-66. Because this suit is, in effect, a suit against the State of Alabama, the Eleventh Amendment to the United States Constitution bars the Plaintiff’s claims under § 1983. See Free, 887 F.2d at 1557; see also Dean v. Barber, 951 F.2d 1210, 1215 n.5 (11th Cir. 1992); Carr v. City of Florence, 916 F.2d 1521, 1525 (11th Cir. 1990) (citing Parker v. Williams, 862 F.2d 1471, 1476 (11th Cir. 1989) and upholding the proposition that a deputy sued in his official capacity is entitled to Eleventh Amendment immunity). Thus, this Court lacks subject matter jurisdiction over these claims.

2. The Defendants, in their official capacities, are not “persons” for purposes of 42 U.S.C. § 1983.

42 U.S.C. § 1983 prohibits a person, acting under color of law, from depriving another of his rights secured by the United States Constitution. 42 U.S.C. § 1983. The United States Supreme Court has held that a state official sued in his or her official capacity, is not a “person” under § 1983. Will v. Michigan Dep’t of State Police, 491 U.S. 58, 71 (1989). Thus, any claims against these Defendants, in their official capacities, are due to be dismissed because they are not “persons” under § 1983, and therefore, these claims fail to state a claim upon which relief can be

granted. Id.; Carr, 916 F.2d at 1525 n.3 (citing Will and noting that, in addition to entitlement to Eleventh Amendment immunity, “neither a State nor its officials acting in their official capacities are a ‘person’ under § 1983”).

C. The Defendants Are Entitled to Qualified Immunity.

In their individual capacities, the Defendants are entitled to qualified immunity and a dismissal of Plaintiff’s claims unless they violated the Plaintiff’s clearly established constitutional rights of which a reasonable person would have known. Lancaster, 116 F.3d at 1424. Qualified immunity is a protection designed to allow government officials to avoid the expense and disruption of trial. Ansley v. Heinrich, 925 F.2d 1339, 1345 (11th Cir. 1991). The Eleventh Circuit Court of Appeals has observed, “[t]hat qualified immunity protects governmental actors is the usual rule; only in exceptional cases will government actors have no shield against claims made against them in their *individual capacities*.” Lassiter v. Alabama A & M Univ., 28 F.3d 1146 (11th Cir. 1994) (en banc) (emphasis in original) (footnote omitted). In the light of pre-existing law the unlawfulness must be apparent. Anderson v. Creighton, 483 U.S. 635, 640 (1987). Mere statements of broad legal truisms, without more, are not sufficient to overcome qualified immunity. Post v. City of Ft. Lauderdale, 7 F.3d 1552, 1557 (11th Cir. 1993).

Once a defendant has asserted the defense of qualified immunity, the threshold inquiry a court must undertake is whether the plaintiff’s allegations, if true, establish a constitutional violation. Saucier v. Katz, 533 U.S. 194, 201 (2001). This initial inquiry is whether “[t]aken in the light most favorable to the party asserting the injury, do the facts alleged show the officer’s conduct violated a constitutional right?” Id. (citing Siegert v. Gilley, 500 U.S. 226, 232 (1991)). The second inquiry is, if a constitutional violation is stated, were these rights “clearly

established” to the degree that these Defendants had “fair warning” that their conduct violated the plaintiff’s constitutional rights? Willingham v. Loughnan, 321 F.3d 1299, 1301 (11th Cir. 2003).

In making an assessment of whether the particular conduct of these Defendants was clearly established as being violative of constitutional dictates, the reviewing court must examine the state of law at the time the alleged deprivation occurred. See Rodgers v. Horsley, 39 F.3d 308, 311 (11th Cir. 1994). A constitutional right is clearly established only if its contours are “sufficiently clear that a reasonable official would understand that what he is doing violates that right.” Anderson, 483 U.S. at 640; Lancaster, 116 F.3d at 1424. “In this circuit, the law can be ‘clearly established’ for qualified immunity purposes only by decisions of the U.S. Supreme Court, Eleventh Circuit Court of Appeals, or the highest court of the state where the case arose.” Jenkins v. Talladega Bd. of Educ., 115 F.3d 821, 827 (11th Cir. 1997) (en banc) (citations omitted).

The instant Plaintiff alleges that he was unlawfully denied adequate and/or appropriate medical care. These Defendants are entitled to judgment in their favor as a matter of law on these claims for three reasons. First, the Defendants’ policies and actions were not deliberately indifferent to a constitutional right of the Plaintiff. Second, the Defendants did not promulgate policies that caused the Plaintiff’s alleged constitutional deprivations. Third, no clearly established law provided the Defendants with “fair warning” that their conduct was unlawful.

1. The Plaintiff did not suffer from an objectively serious medical need.

A constitutional violation under the Eighth Amendment for denial of medical care is stated where the facts tend to show that a jail official was deliberately indifferent to the serious medical needs of an inmate. See Estelle v. Gamble, 429 U.S. 97, 104 (1976). The Plaintiff must satisfy both an objective and a subjective inquiry. Taylor v. Adams, 221 F.3d 1254, 1257 (11th Cir.

2000); Adams v. Poag, 61 F.3d 1537, 1543 (11th Cir. 1995). First, he must show an objectively serious medical need. Taylor, 221 F.3d at 1258; Adams, 61 F.3d at 1543. Second, the Plaintiff must demonstrate that the Defendants acted, or failed to act, with an attitude of “deliberate indifference” to that serious medical need. Farmer v. Brennan, 511 U.S. 825, 834 (1994). A prison official cannot be deliberately indifferent to an excessive risk to an inmate’s health unless he is both “aware of the facts from which the inference could be drawn that a substantial risk of serious harm exists, and . . . draws[s] the inference.” Farmer, 511 U.S. at 837.

In the instant case, the Plaintiff has failed to allege any facts tending to show that these Defendants knew of a serious medical condition. In his Complaints, the Plaintiff alleges that he suffers from pain, seizures and anxiety.⁵ The pain is primarily associated with a back injury. While the Plaintiff’s physical condition *could* become a serious medical need, it was not at the time of his incarceration or his Complaints. Additionally, there is nothing in the Plaintiff’s jail file or medical file that indicates that the Plaintiff’s medical condition adversely affected his safety or well-being. (Inmate File; Medical File.)

2. The Complaint fails to allege a constitutional violation in that the Defendants were not deliberately indifferent to the Plaintiff’s serious medical needs.

The Constitution does not mandate comfortable prisons. Rhodes v. Chapman, 452 U.S. 337, 349 (1981). Jail officials must provide humane conditions of confinement, ensuring that inmates receive adequate food, clothing, shelter, and medical care. Hudson v. Palmer, 468 U.S. 517, 526-527 (1984). A claim is stated only where the conditions of confinement pose a risk to the health or safety of an inmate and the defendant official is deliberately indifferent to that risk. Farmer, 511 U.S. at 837.

⁵ Though the Plaintiff indicates that he was on seizure medication, there is no allegation in the Complaints that he actually suffered from a single seizure while in the Russell County Jail.

An inmate does not have a right to a *specific* kind of treatment. City of Revere v. Massachusetts General Hosp., 463 U.S. 239, 246 (1983) (holding, “the injured detainee’s constitutional right is to receive the needed medical treatment; *how [a municipality] obtains such treatment is not a federal constitutional question*”) (emphasis added). Furthermore, this Court should not substitute its medically untrained judgment for the professional judgment of the medical health professionals who treated the Plaintiff. See Waldrop v. Evans, 871 F.2d 1030, 1035 (11th Cir. 1989) (observing that “when a prison inmate has received medical care, courts hesitate to find an Eighth Amendment violation”); Hamm v. DeKalb County, 774 F.2d 1567, 1575 (11th Cir. 1985) (stating that the evidence showed the plaintiff received “significant” medical care while in jail, and although plaintiff may have desired different modes of treatment, care provided by jail did not constitute deliberate indifference), cert. denied, 475 U.S. 1096 (1986); Westlake v. Lucas, 537 F.2d 857, 860 n.5 (6th Cir. 1976) (stating “Where a prisoner has received some medical attention and the dispute is over the adequacy of the treatment, federal courts are generally reluctant to second guess medical judgments”).

The Defendants were not deliberately indifferent to any objectively serious need that could be construed in the Plaintiff’s Complaints. In order to be deliberately indifferent, an official must both know of a serious risk of harm and disregard it. Farmer, 511 U.S. at 837. In the instant case, the Plaintiff has failed to allege any facts tending to show that the Defendants were deliberately indifferent to his medical conditions.

Defendants Lieutenant Holland, Sergeant Bussey and Deputy Still have no direct involvement whatsoever in the medical care of inmates. In fact, the Plaintiff’s Complaint does not allege that these Defendants had anything whatsoever to do with his medical care. (See, generally, Complaint.) Defendants Dr. Warr and Nurse Riley were responsible for the provision

of medical care to the inmates. Lieutenant Holland, Sergeant Bussey and Deputy Still do not have any kind of medical education, training or experience. They rely upon the professional judgment of medical professionals who have been retained to provide care to the inmates. Certainly this Court should not require these Defendants, with absolutely no medical or health care training, to substitute their medically untrained judgment for the professional judgment of the medical health professionals who treated the Plaintiff.

While the Eleventh Circuit has not had an opportunity to visit this issue, the Eighth Circuit has addressed a similar claim. In Meloy v. Bachmeier, 302 F.3d 845 (8th Cir. 2002), a former inmate sued several prison doctors, a nurse, and the prison's medical director⁶ for failing to provide him with a positive air pressure machine needed to treat his sleep apnea. 302 F.3d at 847. Reversing the district court's denial of summary judgment for the director, the Eighth Circuit began by making some common sense observations. "A prison's medical treatment director who lacks medical expertise cannot be liable for the medical staff's diagnostic decisions." 302 F.3d at 847 citing, Camberos v. Branstad, 73 F.3d 174, 176 (8th Cir. 1995). Further, the Meloy court stated "[p]rison officials cannot substitute their judgment for a medical professional's prescription." Id. citing, Zentmyer v. Kendall County, 220 F.3d 805, 812 (7th Cir. 2000). Finally, the court held:

The law does not clearly require an administrator with less medical training to second-guess or disregard a treating physician's treatment decision. Because the law was not clearly established that [the director] was deliberately indifferent to [the plaintiff's] serious medical needs, [the director] is entitled to qualified immunity.

302 F.3d at 849.

Further, Dr. Warr and Nurse Riley were clearly not indifferent to the Plaintiff's medical needs. The Plaintiff submitted one hundred nine (109) medical requests, and at least ninety-one

⁶ The medical director was a trained and licensed nurse. 302 F.3d at 846.

(91) of those were responded to, overwhelmingly with pain medication. In addition, the Plaintiff received, on a daily basis, at least three (3) different medications, and was provided with at least eight (8) additional medications at various times, in an effort to alleviate his medical problems, primarily pain. Further, Dr. Warr and Nurse Riley had the Plaintiff moved to a cell with a bunk, and provided him with an extra-thick mattress, in an effort to ease his back pain.

Dr. Warr and Nurse Riley also provided extensive outside medical assistance to the Plaintiff. They arranged for the Plaintiff to be examined by a neurologist (Dr. Canedo), to have an MRI at Summit Hospital, and to receive three chiropractic treatments (Dr. Hartford in Auburn).⁷ The Plaintiff was also taken to Summit Hospital, after his slip and fall, for x-rays (which came back negative). Dr. Warr has currently scheduled the Plaintiff for an appointment with a neurosurgeon. Clearly Dr. Warr and Nurse Riley went to great lengths to provide pain relief, diagnostics, and treatment for the Plaintiff's medical conditions. Further, Dr. Warr arranged for the Plaintiff to be examined and treated at East Alabama Mental Health.

This extensive medical care provided by Dr. Warr and Nurse Riley is anything but deliberately indifferent. It is therefore clear from the face of the Complaints that the Plaintiff's chief claim is that the medical personnel ineffectively treated him. However, "a complaint that a physician has been negligent in diagnosing or treating a medical condition does not state a valid claim of medical mistreatment under the Eighth Amendment." Estelle, 429 U.S. at 106. "Medical malpractice does not become a constitutional violation merely because the victim is a prisoner." Id. Therefore, the Plaintiff has failed to allege, and the facts do not support, that the Defendants violated the Plaintiff's federally protected rights.

⁷ As noted above, the Plaintiff would have been able to receive at least three more chiropractic treatments, had he not refused to continue the treatments on his own initiative.

3. These Defendants did not violate any of the Plaintiff's other federally protected rights.

The Plaintiff cannot meet his first burden under the qualified immunity standard – he cannot show a violation of his federal rights. The Defendants are therefore entitled to qualified immunity for three reasons. First, Lieutenant Holland, Sergeant Bussey and Dr. Warr cannot be held liable on a theory of *respondeat superior*. Second, there are no allegations of any wrongdoing on the part of Lieutenant Holland, Sergeant Bussey or Deputy Still. Third, there is no causal connection between the policies promulgated by Lieutenant Holland, Sergeant Bussey, Dr. Warr, and the Plaintiff's alleged injuries.

(a) *Respondeat Superior* cannot serve as a basis for § 1983 liability.

To the extent the Plaintiff seeks to impose vicarious liability on Lieutenant Holland, Sergeant Bussey, and Dr. Warr, his claims are due to be dismissed. Vicarious liability is not permitted under § 1983. See Monell, 436 U.S. at 691.

(b) There is no allegation of any personal wrongdoing on the part of Lieutenant Holland, Sergeant Bussey or Deputy Still.

There is no constitutional mandate that prisons or jails be made comfortable. Rhodes v. Chapman, 452 U.S. 337, 349 (1981). “Lawful incarceration brings about the necessary withdrawal or limitation of many privileges and rights, a retraction justified by the considerations underlying our penal system.” Price v. Johnston, 334 U.S. 266, 285 (1948). “Maintaining institutional security and preserving internal order and discipline are essential goals that may require limitation or retraction of the retained constitutional rights of both convicted prisoners and pretrial detainees.” Bell v. Wolfish, 441 U.S. 520, 546 (1979).

To overcome the Defendants' entitlement to qualified immunity, the Plaintiff must prove that they were deliberately indifferent. Farmer v. Brennan, 511 U.S. 825, 836 (1994). Specifically, the Plaintiff must prove that the Defendants were aware that a substantial risk of serious harm to the

inmate's health or safety existed. The Plaintiff must further prove that the Defendants drew the inference of the existence of such a risk. Id.

Based upon the foregoing the Plaintiff has failed to allege a violation of his federally protected rights – let alone a violation personally committed by Lieutenant Holland, Sergeant Bussey or Deputy Still. Therefore, these Defendants are entitled to qualified immunity and judgment as a matter of law on the Plaintiff's claims.

(c) There is no causal connection between any policy or custom promulgated by Defendants Lieutenant Holland, Sergeant Bussey, Dr. Warr, and the Plaintiff's alleged injuries.

The Eleventh Circuit has stated what is required to make out a § 1983 claim against a supervisor:

Supervisory liability occurs either when the supervisor personally participates in the alleged constitutional violation or when there is a causal connection between actions of the supervising official and the alleged constitutional deprivation. The causal connection can be established when a history of widespread abuse puts the responsible supervisor on notice of the need to correct the alleged deprivation, and he fails to do so. The deprivations that constitute widespread abuse sufficient to notify the supervising official must be obvious, flagrant, rampant and of continued duration, rather than isolated occurrences.

Brown v. Crawford, 906 F.2d 667, 671 (11th Cir. 1990) (citations omitted). The Eleventh Circuit, therefore, applies a three-prong test that the Plaintiff must satisfy to establish supervisory liability: (1) the supervisor's actions, either in training, promulgating policy, or otherwise, were deliberately indifferent to the Plaintiff's rights; (2) a reasonable person in the supervisor's position would know that his or her actions were deliberately indifferent; and (3) the supervisor's conduct was causally related to the subordinate's constitutional infringement. Greason v. Kemp, 891 F.2d 829, 836-37 (11th Cir. 1990); see also Brown v. Crawford, 906 F.2d 667, 671 (11th Cir. 1990) (citations omitted). The causal connection may be established where the supervisor's improper "custom or policy ... result[s] in deliberate indifference to constitutional rights." Rivas v.

Freeman, 940 F.2d 1491, 1495 (11th Cir. 1991) (citing Zatler v. Wainwright, 802 F.2d 397 (11th Cir. 1986)). “[T]he inadequacy of police training may serve as the basis for § 1983 liability *only* where the failure to train amounts to deliberate indifference to the rights of persons with whom the police come into contact.” City of Canton v. Harris, 489 U.S. 378, 388 (1989) (emphasis added). The Complaint fails to allege facts supporting any of these elements, and there is no evidence to support the allegations even if they were made.

First, the Defendants’ policies and actions were not deliberately indifferent. Furthermore, there is no allegation that the Defendants had knowledge (either actual or constructive) of a training deficiency in the Russell County Jail or that the policies and/or customs of the jail would result in constitutional violations. Id. There is no allegation of widespread obvious, flagrant, rampant and continuous abuse by corrections officers. Id.

Second, there are no facts in the record from which a reasonable person could conclude that the Defendants’ conduct was deliberately indifferent. Prison officials may be held liable for denying humane conditions of confinement only if they know that inmates face substantial risk of serious harm and disregard that risk by failing to take reasonable measures to abate it. Farmer v. Brennan, 511 U.S. 825, 837 (1994). There are no allegations in the Complaints at all to show that the Defendants were aware of any risk of harm to the Plaintiff, let alone a substantial risk of harm. Consequently, the Plaintiff has failed to meet the second element of supervisory liability under § 1983.

Regarding the third element of supervisory liability, there is no causal connection between the Defendants’ conduct and the alleged constitutional deprivation. Again, there is no evidence that the Defendants failed to train the jail personnel.

The Plaintiff has failed to allege, and the facts do not show, the existence of the elements of supervisory liability under § 1983. See Greason, 891 F.2d at 836-37. The Defendants cannot be held vicariously liable under § 1983. Monell, 436 U.S. at 694-95. Consequently, the Defendants are entitled to qualified immunity and judgment in their favor as a matter of law. Saucier, 533 U.S. at 201.

D. No Clearly Established Law Gave the Defendants Fair Warning that Their Conduct was Unlawful.

The Plaintiff must show that clearly established law provided the Defendants with fair warning that their conduct was unlawful by either (1) pointing to a case with materially similar facts holding that the conduct engaged in was illegal; or (2) demonstrating that a pertinent federal statute or a federal constitutional provision is specific enough to demonstrate conduct was illegal, even in the total absence of case law. Storck v. City of Coral Springs, 354 F.3d 1307, 1317 (11th Cir. 2003) (citations omitted). The Eleventh Circuit has identified the latter method as an “obvious clarity” case. Vinyard v. Wilson, 311 F.3d 1340, 1350 (11th Cir. 2002) (footnote omitted). In order to show that a Defendant’s conduct was unconstitutional with “obvious clarity,” “the unlawfulness must have been apparent.” Willingham, 321 F.3d at 1301. “Unless a government agent’s act is so obviously wrong, in the light of pre-existing law, that only a plainly incompetent officer or one who was knowingly violating the law would have done such a thing, the government actor has immunity from suit.” Storck, 354 F.3d at 1318 (quoting 28 F.3d at 1149).

III. MOTION FOR SUMMARY JUDGMENT

A. Summary Judgment Standard

On a motion for summary judgment, the court should view the evidence in the light most favorable to the nonmovant. Greason, 891 F.2d at 831. However, a plaintiff “must do more than

show that there is some metaphysical doubt as to the material facts.” Matsushita Elec. Indus. Co. v. Zenith Radio Corp., 475 U.S. 574, 586 (1986). Only reasonable inferences with a foundation in the record inure to the nonmovant’s benefit. See Reeves v. Sanderson Plumbing Products, Inc., 530 U.S. 133 (2000). “[T]he court should give credence to the evidence favoring the nonmovant as well as that ‘evidence supporting the moving party that is uncontradicted or unimpeached, at least to the extent that that evidence comes from disinterested witnesses.’” Reeves, 530 U.S. at 151, quoting 9A C. Wright & A. Miller, Federal Practice and Procedure § 2529, p. 299.⁸ “A reviewing court need not ‘swallow plaintiff’s invective hook, line and sinker; bald assertions, unsupportable conclusions, periphrastic circumlocutions, and the like need not be credited.’” Marsh v. Butler County, 268 F.3d 1014, 1036 n.16 (11th Cir. 2001) (en banc) quoting Massachusetts School of Law v. American Bar, 142 F.3d 26, 40 (1st Cir. 1998).

B. Motion for Summary Judgment

Defendants Nurse Riley, Dr. Warr, Sgt. Bussey, Deputy Still, and Lieutenant Holland respectfully request that this Honorable Court treat this Special Report as a Motion for Summary Judgment and grant unto them the same.

Respectfully submitted this 4th day of January, 2008.

s/Scott W. Gosnell
SCOTT W. GOSNELL (GOS002)
Attorney for Defendants

⁸ Although Reeves was a review of a motion for judgment as a matter of law after the underlying matter had been tried, the Supreme Court, in determining the proper standard of review relied heavily on the standard for summary judgment stating, “the standard for granting summary judgment ‘mirrors’ the standard for judgment as a matter of law, such that ‘the inquiry under each is the same.’” Reeves, 530 U.S. at 150, citing Anderson v. Liberty Lobby, Inc., 477 U.S. 242, 250-251 (1986); Celotex Corp. v. Catrett, 477 U.S. 317, 323 (1986).

OF COUNSEL:

WEBB & ELEY, P.C.
7475 Halcyon Pointe Drive (36117)
Post Office Box 240909
Montgomery, Alabama 36124
Telephone: (334) 262-1850
Fax: (334) 262-1889
EMAIL: SGOSNELL@WEBBELEY.COM

CERTIFICATE OF SERVICE

I hereby certify that on this the 4th day of January, 2008, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system and certify that I have mailed by United States Mail, postage prepaid, a true and correct copy of such filing to the following non-CM/ECF participant:

William Lanier Ellis, Sr.
c/o Russell County Jail
Post Office Box 640
Phenix City, Alabama 36868

s/Scott W. Gosnell
OF COUNSEL

Exhibit A
Inmate File of William Lanier Ellis, Sr.

BOOKING CHECKLIST

INMATE NAME: William Ellis DATE: 10-5-06

The following are enclosed in inmate file:

- 1) Copy of Arrest Report(s)
- 2) Copy of Warrant(s) if possible
- 3) Property Inventory Slip
- 4) Fingerprint Card
- 5) Copy of Waiver (if applicable)
- 6) Copy of Medical Release (if applicable)

The following computer fields have been completed:

- 1) Names Table
- 2) Xname
- 3) Medical History
- 4) Arrest
- 5) Offense (Bond or Fine)
- 6) Housing

Comments:

Booking Officer's Signature C/O J. J. J.

ALABAMA UNIFORM ARREST REPORT

Fingerprinted	R84 Completed
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 1 Yes
<input type="checkbox"/> 2 No	<input type="checkbox"/> 2 No

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION	1 ORI #	2 AGENCY NAME	3 CASE #	4 SFX
	5 LAST, FIRST, MIDDLE NAME	6 ALIAS AKA		
	7 SEX	8 RACE	9 HGT.	10 WGT.
	11 EYE	12 HAIR	13 SKIN	14 SCARS
ARREST	15 PLACE OF BIRTH (CITY, COUNTY, STATE)	16 SSN	17 DATE OF BIRTH	18 AGE
	19 MISCELLANEOUS ID #	20 SID #	21 FINGERPRINT CLASS	22 DL #
	23 ST	24 FBI #	25 IDENTIFICATION COMMENTS	26 RESIDENT
	27 HOME ADDRESS (STREET, CITY, STATE, ZIP)	28 RESIDENCE PHONE	29 OCCUPATION (BE SPECIFIC)	30 EMPLOYER (NAME OF COMPANY/SCHOOL)
VEHICLE	31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)	32 BUSINESS PHONE	33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP)	34 SECTOR #
	35 ARRESTED FOR YOUR JURISDICTION?	36 CONDITION OF ARRESTEE	37 RESIST ARREST?	38 INJURIES?
	39 ARMED?	40 DESCRIPTION OF WEAPON	41 DATE OF ARREST	42 TIME OF ARREST
	43 DAY OF ARREST	44 TYPE ARREST	45 ARRESTED BEFORE?	46 CHARGE-1
JUVENILE	47 UCR CODE	48 CHARGE-2	49 UCR CODE	50 STATE CODE/LOCAL ORDINANCE
	51 WARRANT #	52 DATE ISSUED	53 STATE CODE/LOCAL ORDINANCE	54 WARRANT #
	55 DATE ISSUED	56 CHARGE-3	57 UCR CODE	58 CHARGE-4
	59 UCR CODE	60 STATE CODE/LOCAL ORDINANCE	61 WARRANT #	62 DATE ISSUED
RELEASE	63 STATE CODE/LOCAL ORDINANCE	64 WARRANT #	65 DATE ISSUED	66 ARREST DISPOSITION
	67 IF OUT ON RELEASE	68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME)	69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)	70 VYR
	71 VMA	72 VMO	73 VST	74 VCO TOP
	75 TAG #	76 LIB	77 LIY	78 VIN
RELEASE	79 IMPOUNDED?	80 STORAGE LOCATION/IMPOUND #	81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED	82 JUVENILE
	83 RELEASED TO	84 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME)	85 ADDRESS (STREET, CITY, STATE, ZIP)	86 PHONE
	87 PARENTS EMPLOYER	88 OCCUPATION	89 ADDRESS (STREET, CITY, STATE, ZIP)	90 PHONE
	91 DATE AND TIME OF RELEASE	92 RELEASING OFFICER NAME	93 AGENCY/DIVISION	94 ID #
RELEASE	95 RELEASED TO:	96 AGENCY/DIVISION	97 AGENCY ADDRESS	98 PERSONAL PROPERTY RELEASED TO ARRESTEE
	99 PROPERTY NOT RELEASED/HELD AT:	100 PROPERTY #	101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE)	102 SIGNATURE OF RECEIVING OFFICER
	103 SIGNATURE OF RELEASING OFFICER	104 CASE #	105 SFX	106 CASE #
	107 SFX	108 CASE #	109 SFX	110 ADDITIONAL CASES CLOSED
RELEASE	111 ARRESTING OFFICER (LAST, FIRST, M.)	112 ID #	113 ARRESTING OFFICER (LAST, FIRST, M.)	114 ID #
	115 SUPERVISOR	116 WATCH CMDR.	117 WATCH CMDR.	118 WATCH CMDR.
	119 WATCH CMDR.	120 WATCH CMDR.	121 WATCH CMDR.	122 WATCH CMDR.
	123 WATCH CMDR.	124 WATCH CMDR.	125 WATCH CMDR.	126 WATCH CMDR.

TYPE OR PRINT IN BLACK INK ONLY

ACJIC-34 REV. 10-90

CS 1996 000010.01
ERIC B. FUNDERBURK

IN THE DISTRICT COURT OF DESSALL COUNTY

SANDY G GIFFORD vs WILLIAM L ELLIS

TO ANY LAW ENFORCEMENT OFFICER:

YOU ARE HEREBY COMMANDED TO ARREST: WILLIAM L ELLIS
AND BRING HIM/HER BEFORE THIS COURT.

WITNESS MY HAND THIS 11/11/2007.

Kathy Coulter
JUDGE/CLERK/MAGISTRATE

DEFENDANT'S ADDRESS:

SSN #: 260-23-9248

5730 HODGES DRIVE

DOB: 05/09/1970

#6

RACE: W

COLUMBUS, GA 31906-0000

SEX: M

EMPLOYER: _____

PHONE NO: _____

NOTE:

ALIAS WRIT

OFFICERS RETURN:

RECEIVED ON _____

EXECUTED ON 10-05-06

BY: *George D. Pugh*

- () DEFENDANT APPEARED, RELEASED ON BOND
- (X) DEFENDANT APPEARED, ON TAIL
- () DEFENDANT APPEARED, NOT BOOKED
- () NOT FOUND
- () OTHER _____

SHERIFF _____

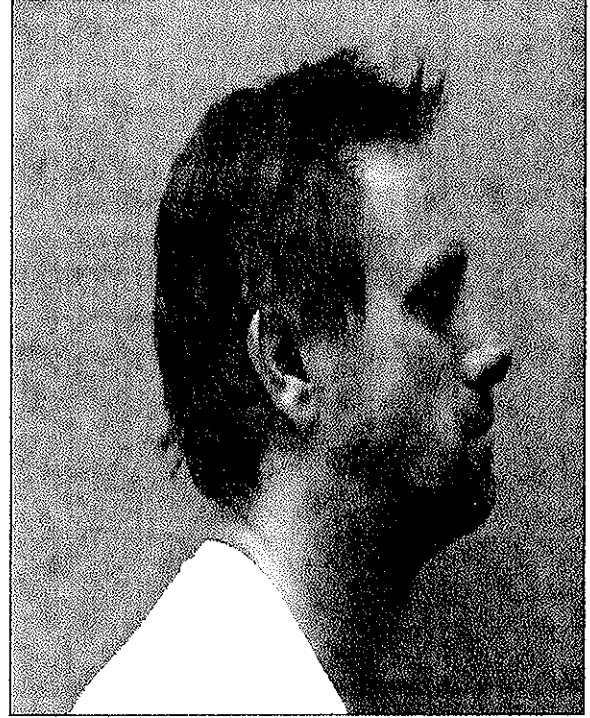
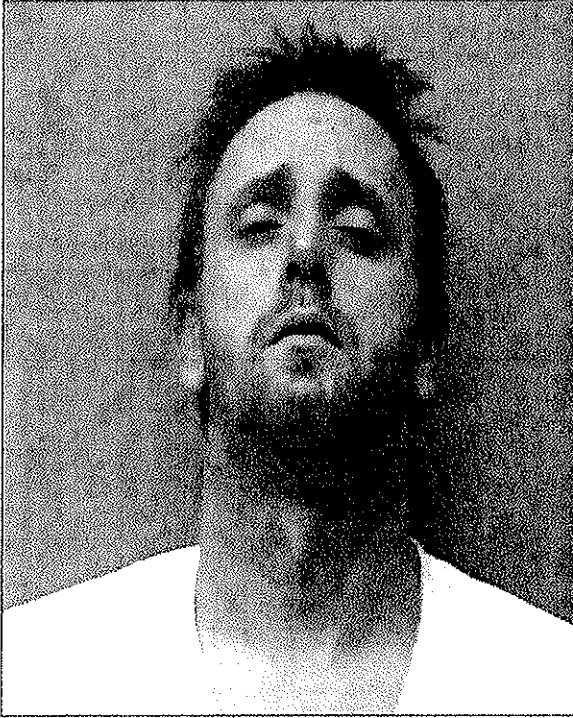
[Signature]
OFFICER

OPERATOR: JJC

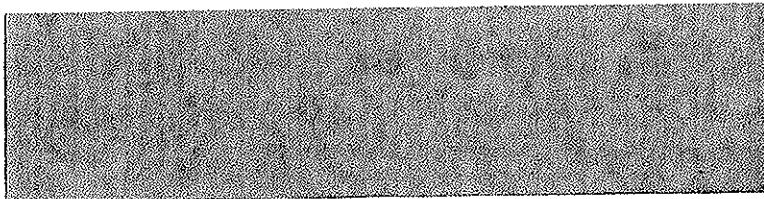
PREPARED: 09/01/07

49172

Russell County Sheriff's Department



Ellis, William Lanier
49172



Intake Screen

Name: William Ellis Approx. date of any prior record here: _____
 DOB: 5-9-70 Date: 10-5-06

Apparent mental status of the patient (check one):

☐ Normal ☐ Confused ☐ Agitated ☐ Intoxicated ☐ Drugged ☐ Strange

Any evidence of injury, active health problems or deformity: _____

Patient Health History (Y or N response)

Are you currently sick in any way? <u>YES</u>	Do you have heavy sweating at night For no reason when it's not hot?	Do you have HIV infection or think you Might have it?
Do you have a fever that won't go away? <u>YES</u>	Have you lost more than 10 pounds of weight during the last 6 months?	Any symptoms which might indicated sex-related disease?
Are you currently take any prescribed Medications? (List below) <u>YES</u>	Have you ever had a heart attack or any other heart trouble?	Have you ever intentionally hurt yourself or tried to take your own life?
Have you ever had any kind of cancer? <u>NO</u>	Do you have high blood pressure?	Would you ever try to take your own life?
Do you have diabetes? <u>NO</u>	Do you have chest pain with exercise or other chest pain?	Do you feel like you would like to die?
Do you have seizures or blackouts? <u>YES</u>	Have you had bleeding from your stomach, bowels, or kidneys?	Do you see people or things other can't see or hear voices others can't hear?
Have you ever had a stroke? <u>NO</u>	Do you have shortness of breath or trouble breathing?	Females: Are you pregnant or could you be pregnant?
Do you have any eye problems? (List below) <u>YES</u>	Do you have asthma?	On how many days of the past month have you consumed alcohol?
Do you have a cough that won't clear up?	Do you have kidney disease or failure or had kidney dialysis?	On how many days of the past month have you used drugs?

Comments: Refuse to Answer Questions (Hostile)

Medications: _____

Allergies: _____

Reason for any recent physician visits: _____

List surgeries: _____

Describe any prior hospitalizations: _____

Drugs you have used: _____

Recommended housing or activity restrictions: _____

Medical management plans: _____

Health insurance: _____

Booking Officer: _____ Inmate _____ Medical Staff: _____

LYE.21:29 10/05/2006 8569474
QH.AL0570010.LYE.

***** WANTED PERSON FILE *****

MISDEMEANOR WARRANT

WILL ONLY EXTRADITE FROM ADJACENT COUNTIES OF BARBOUR, BULLOCK, DALE, HENRY, PIKE, R
USSELL

MKE/WANTED PERSON

ORI/AL0060100

NAM/ELLIS, WILLIAM L SEX/M RAC/W

DOB/19710509

HGT/601 WGT/180 EYE/BRO HAI/BRO

SOC/255319737

AIN/30145958 OCA/TR0102772

OOC/FAILURE TO APPEAR

WNO/020000080 DOW/20020208

MIS/DRIVING W/O OBTAINING DRIVERS LICENSE

DTE/20060624 DTM/20060914

VLN/ATKINS, SHERRY VLD/20060914

ORI IS AL0060100 - EUFAULA POLICE DEPT

TEL/3346871200 ALT TEL/3346871201

FAX/3346871205

***** IMMEDIATE CONFIRM WITH ORI *****

END OF RESPONSE

SEQ # 0073 MRI # 8569474

PROPERTY RECEIPT

BOOKING # 061005009

INMATE NAME William Ellis

NAME # 49172


RECEIVING OFFICER C/o Tarver

DATE/TIME 10-5-06

[illegible]

RELEASE INFORMATION

RELEASING OFFICER Wald DATE/TIME 11/15/6

RECEIVED BY _____ SIGNATURE X 

Print Name

COMMENTS _____

BOOKING #: 061005009

PRISONER'S JAIL RECORD										NO. 333	
NAME		ALIAS OR NICKNAME		DATE		TIME		DAM		CPM	
William Ellis				10-5-06							
ADDRESS		24-B Gault Rd		Phoenix City AZ 85086		ARRESTING OFFICER		Hugh # 414			
DATE OF BIRTH		05-09-70		PLACE OF BIRTH		Clunious Ga		SCARS OR MARKS		5 scars / Tattoos	
AGE	36	RACE	W	EYES	BRO	HAIR	BRO	SEX	M	HEIGHT	602
WEIGHT	180	COMPLEXION		STATUS	DISI	HOLD FOR	Lee City				
OFFENSE	Contemp (CS-96-10.1)										
INMATE #	74 blks										
INMATE #	644			DATE	11/15/06	TIME	1155	RELEASING OFFICER	W. C. D. R.		
STS. NO.	260-33-9248			BOND				OCCUPATION			
CITIZEN				F/P				PHOTO	B/O		
Nov 15, 06		ATB 1000.00 cash		Release on c/s		36000		STUDENT			
@ 10:00am		Pay 363.00		or serve 25 days		-7/5 10/30-06					
NOIC: Lee City											
BIN #:											

061005009
William Ellis
061005009

DATE: 10-6-06

ATION: 0-24

NGING PACKAGE: Stephanie Ellis

RECEIVING OFFICER: Sarah

CASH MONEY ORDER

(Minimum of \$10.00)

T-shirts 2 25.00

Underware 2

Socks 3

Sweatshirt (max. 1)

Bras (no wires)

Pillow (Must be Fire Department approved)

REIVED: X William Ellis

You can call collect
once a week ~~to~~
due to cost!

Got electronics & locked up
trailer & took
to landlord

Love
Stephanie

ITEMS MUST BE OF MEDICAL NATURE AND BE APPROVED IN WRITING BY THE HEALTH CARE PROF
(NURSE).

WILL BE ACCEPTED ONLY ON SUNDAYS FROM 1:00 p.m. until 5:00 p.m.

TRF356

ALABAMA JUDICIAL DATA CENTER

DISTRICT COURT OF RUSSELL COUNTY

ALIAS WARRANT

TR 2001 003151.00

JID: MICHAEL J. BELLAMY

THE STATE OF ALABAMA

VS ELLIS WILLIAM LANIER

TO ANY LAW ENFORCEMENT OFFICER:

YOU ARE HEREBY COMMANDED TO ARREST: ELLIS WILLIAM LANIER
 AND BRING HIM/HER BEFORE THIS COURT TO ANSWER THE STATE FOR THE CHARGE OF
 FAILURE TO APPEAR ON THE CHARGE OF: DRIVE W/SUSPENDED ISSUED ON 10/04/2001.

WITNESS MY HAND THIS OCTOBER 10, 2006.

BOND SET AT:

*No Bond**Kelly Couette*
JUDGE/CLERK/MAGISTRATE

DEFENDANT'S ADDRESS:

DEFENDANT'S DESCRIPTION:

5832 EAST HEIGHTS DR

HT: 600 WT: 140

COLUMBUS, GA 31905 0000

HAIR: BRO EYE: BRO

BIRTH DATE: 05/09/1970

RACE: W SEX: M

SSN: 255-31-9737

DL: GA NL

EMPLOYER: _____

PHONE NO: (000) 000-0000

TICKET NUMBER: M 3058634

AGENCY/OFFICER: 0570000/RUSHIN

NOTE:

OFFICERS RETURN:

RECEIVED ON

10-11-06

EXECUTED ON

10-11-06

BY:

RC50

- () DEFENDANT ARRESTED, RELEASED ON BOND
 (X) DEFENDANT ARRESTED, IN JAIL
 () DEFENDANT ARRESTED, NOT BOOKED
 () NOT FOUND
 () OTHER _____

Tommy Baswell
SHERIFF*Deputy [Signature]*
OFFICER

OPERATOR: SHG

PREPARED: 10/10/2006

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION	1 ORI #	2 AGENCY NAME										3 CASE #										4 SFX																																																																				
	5 LAST, FIRST, MIDDLE NAME																				6 ALIAS AKA																																																																					
	7 SEX	8 RACE	9 HGT.	10 WGT.	11 EYE	12 HAIR	13 SKIN	14	15 SCARS		16 MARKS		17 TATTOOS		18 AMPUTATIONS																																																																											
	19 PLACE OF BIRTH (CITY, COUNTY STATE)	20 SID #										21 FINGERPRINT CLASS										22 DL #										23 ST																																																										
ARREST	24 FBI #																				25 IDENTIFICATION COMMENTS																																																																					
	26 RESIDENT										27 HOME ADDRESS (STREET, CITY, STATE, ZIP)										28 RESIDENCE PHONE										29 OCCUPATION (BE SPECIFIC)																																																											
	30 EMPLOYER (NAME OF COMPANY/SCHOOL)										31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)										32 BUSINESS PHONE																																																																					
	33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP)																				34 SECTOR #										35 ARRESTED FOR YOUR JURISDICTION?																																																											
	36 CONDITION OF																				37 RESIST ARREST?										38 INJURIES?										39 ARMED?										40 DESCRIPTION OF WEAPON																																							
	41 DATE OF ARREST																				42 TIME OF ARREST										43 DAY OF ARREST										44 TYPE OF ARREST										45 ARRESTED BEFORE?																																							
	46 CHARGE - 1																				47 UCR CODE										48 CHARGE - 2										49 UCR CODE																																																	
	50 STATE CODE/LOCAL ORDINANCE																				51 WARRANT #										52 DATE ISSUED										53 STATE CODE/LOCAL ORDINANCE										54 WARRANT #										55 DATE ISSUED																													
	56 CHARGE - 3																				57 UCR CODE										58 CHARGE - 4										59 UCR CODE																																																	
	60 STATE CODE/LOCAL ORDINANCE																				61 WARRANT #										62 DATE ISSUED										63 STATE CODE/LOCAL ORDINANCE										64 WARRANT #										65 DATE ISSUED																													
VEHICLE	66 ARREST DISPOSITION																				67 IF OUT ON RELEASE										68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME)										69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)																																																	
	70 VYR																				71 VMA										72 VMO										73 VBT										74 VCO										75 TAG #										76 LIS										77 LIY									
	78 VIN																				79 IMPOUNDED?										80 STORAGE LOCATION/IMPOUND #																																																											
	81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED																				CONTINUED IN NARRATIVE																																																																					
JUVENILE	82 JUVENILE DISPOSITION:																				83 RELEASED TO																																																																					
	84 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME)																				85 ADDRESS (STREET, CITY, STATE, ZIP)										86 PHONE																																																											
	87 PARENTS EMPLOYER																				88 OCCUPATION										89 ADDRESS (STREET, CITY, STATE, ZIP)										90 PHONE																																																	
	91 DATE AND TIME OF RELEASE																				92 RELEASING OFFICER NAME										93 AGENCY/DIVISION										94 ID #																																																	
RELEASE	95 RELEASED TO																				96 AGENCY/DIVISION										97 AGENCY ADDRESS																																																											
	98 PERSONAL PROPERTY RELEASED TO ARRESTEE																				99 PROPERTY NOT RELEASED/HELD AT:										100 PROPERTY #																																																											
	101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE)																																																																																									
	102 SIGNATURE OF RECEIVING OFFICER																				103 SIGNATURE OF RELEASING OFFICER										LOCAL USE																																																											
	104 CASE #																				105 SFX										106 CASE #										107 SFX										108 CASE #										109 SFX										110 ADDITIONAL CASES CLOSED																			
	111 ARRESTING OFFICER (LAST, FIRST, M.)																				112 ID #										113 ARRESTING OFFICER (LAST, FIRST, M.)										114 ID #										115 SUPERVISOR										116 WATCH CMDR.																													

TYPE OR PRINT IN BLACK INK ONLY

ACJIC — 34 REV. 7-04

OC01 ON-LINE CASE ACTION SUMMARY COUNTY: 57 RUSSELL OFFICE: 1 OCSOC01

CASE NUMBER: TR 2001 003151 00 TRANS DATE/TIME: 10122006 0000 JID: MJB
STYLE/NAME: STATE OF ALABAMA VS ELLIS WILLIAM LANIER PC PRNTR: N

ACT	DATE	TIME	CODE	COMMENTS	OPE
	10122006	1347	TEXT	*****PAY OR STAY*****	SHG
	10122006	1348	TEXT	ORDERED THAT DEF HAS PLED GUILTY, \$100 FINE, \$136	SHG
	10122006	1348	TEXT	COURT COSTS, \$100 LATE FEE AND \$27 WRIT FEE FOR	SHG
	10122006	1348	TEXT	A TOTAL OF \$363.00 OR 25 DAYS	SHG
	10122006	1348	TEXT	*****	SHG

*** PRINT JOB HAS BEEN SUBMITTED AND IS EXECUTING ***

01=MNU 02=OCS 03=NDX 04=CSE 05=SNT 06=ENF 07=CLR 08=FEE 09=PRT 10=BWD 11=FWD
12=DOM 13=FRM 14=CPR 15=DPR 16=WPR 17=SPR 18=SNO 19=PRT 20=OFF 24=HLP

061005009

10-5-06

061005009

IN THE DISTRICT COURT OF RUSSELL COUNTY, ALABAMA

GIFFORD SANDY G

Plaintiff

v.

ELLIS WILLIAM L

Defendant

Case No.: CS-1996-000010.01

ORDER

IT IS ORDERED, ADJUDGED AND DECREED BY THIS COURT AS FOLLOWS:

THE HONORABLE SUSAN HUFFSTUTLER IS APPOINTED TO REPRESENT THE DEFENDANT.

THAT A CASH BOND IS SET AT \$1,000.00.

THAT THIS CASE IS CONTINUED TO NOVEMBER 15, 2006 AT 10:00 A.M.

DONE this 18th day of October, 2006

/s ERIC B. FUNDERBURK

DISTRICT JUDGE

INMATE REQUEST SLIP

LOCATION

Name William Ellis Date 10-25-06☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☒ OtherLaw L. Brery

Briefly Outline Your Request. Give to Jailer

I need a 1982 form and the address to 14TH Judicial Court State of Alabama and the envelope for the formal Hivison should be attached.

Thanks

Mr. Ellis

(Do Not Write Below This Line - For Reply Only)

10/25/06
Mr. Ellis you are welcome to write the Courts of your information and use our library to find what you need.

Approved

Denied

Collect Call

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 10-24-06 Time Received 19:23pm

01 - 0

INMATE REQUEST SLIP

LOCATION C

Name William Ellis Date 10-28-06

☐ Telephone Call

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☐ Other

Briefly Outline Your Request. Give to Jailer

I would like to know who
the grievance officer is please
Thank you
Mr. Ellis

(Do Not Write Below This Line -- For Reply Only)

SSG BUSSEY

SSG

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date 10-29-06 Time Received 1900

RUSSELL COUNTY SHERIFF

016430

Date : November 15, 2006 12:04
Amount : \$9.40
Payee : WILLIAM ELLIS
Memo :

W - Ellis

Check # : 16430
Type : RELEASE
Checkbook: 1
Station : 1
Operator : lg
49172

NAME: Ellis, Williams

COURT DATE: 12-13-06 TIME: 8:30

CIRCUIT _____ DISTRICT ✓ JUVENILE _____ CITY _____

RUSSELL COUNTY COURT HOUSE: ✓

PHENIX CITY MUNICIPAL COURT: _____

CHARGE(S): Child Support

SIGNATURE OF INMATE: LW, SK

STATE OF ALABAMA, ex rel.,

Sandy Gifford
Plaintiff

v.

William Ellis
Defendant

) IN THE DISTRICT COURT OF

) RUSSELL COUNTY, ALABAMA

) CASE NO.: CS *96-010.1*

ORDER

IT IS ORDERED, ADJUDGED AND DECREED BY THIS COURT AS
FOLLOWS:

XXX THE DEFENDANT DID NOT APPEAR AS ORDERED, A
WRIT OF ARREST SHALL BE ISSUED FOR THE
DEFENDANT. Bond is hereby set at 1,000⁰⁰.

IN THE EVENT THE DEFENDANT IS ARRESTED AND IS RELEASED
ON BOND HE IS ORDERED TO APPEAR IN COURT ON THE NEXT
WEDNESDAY COURT DATE SCHEDULED AT 8:30 A.M. WITH HIS
MONTHLY CHILD SUPPORT PAYMENT.

THE DEFENDANT IS HEREBY GRANTED WORK RELEASE UPON
VERIFICATION OF EMPLOYEMENT.

IF THE DEFENDANT DOES NOT PAY THE ABOVE LISTED
AMOUNT TO BE RELEASED FROM JAIL HE SHALL BE
BROUGHT BEFORE THIS COURT ON THE FOLLOWING
CHILD SUPPORT COURT DATE AT 10:00 A.M.

DONE this the 13TH day of DECEMBER, 2006.

[Signature]

DISTRICT COURT JUDGE

FILED IN OFFICE
2006 DEC 13 PM 3:55
RUSSELL COUNTY
RUSSELL CO., ALA.

ALABAMA JUDICIAL INFORMATION SYSTEM

* * * IN THE DISTRICT COURT OF RUSSELL COUNTY * * *

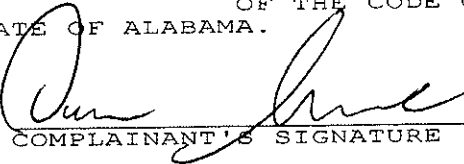
AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000474.00
OTHER CASE NBR:

C O M P L A I N T

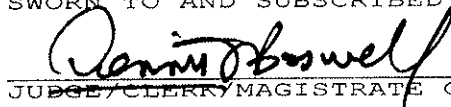
BEFORE ME THE UNDERSIGNED JUDGE/CLERK/MAGISTRATE OF THE DISTRICT COURT OF RUSSELL COUNTY, ALABAMA, PERSONALLY APPEARED INV DENNIS GREENE WHO BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE HAS PROBABLE CAUSE FOR BELIEVING, AND DOES BELIEVE THAT WILLIAM LANIER ELLIS DEFENDANT, WHOSE NAME IS OTHERWISE UNKNOWN TO THE COMPLAINANT, DID WITHIN THE ABOVE NAMED COUNTY AND

DID ON OR ABOUT SEPTEMBER 28, 2006, WITH INTENT TO COMMIT THE CRIME OF MURDER, (SECTION 13A-6-2 OF THE CODE OF ALABAMA) ATTEMPT TO COMMIT SAID OFFENSE BY CHOKING JUDY DENICE CATCHINGS, OF THE CODE OF ALABAMA, IN VIOLATION OF 13A-004-002 AGAINST THE PEACE AND DIGNITY OF THE STATE OF ALABAMA.


COMPLAINANT'S SIGNATURE

ORIGINAL

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 20 DAY OF FEBRUARY, 2007.


JUDGE/CLERK/MAGISTRATE OF DISTRICT COURT

CHARGES: ATTEMPT - MURDER 13A-004-002 F FELONY

WITNESS FOR THE STATE

INV DENNIS GREENE/P.C.P.D./PHENIX CITY/36867

OPERATOR: DEB DATE: 02/20/2007

BOOKING CHECKLIST

INMATE NAME: William L Ellis DATE: 3-9-07

The following are enclosed in inmate file:

- 1) Copy of Arrest Report(s)
- 2) Copy of Warrant(s) if possible
- 3) Property Inventory Slip
- 4) Fingerprint Card
- 5) Copy of Waiver (if applicable)
- 6) Copy of Medical Release (if applicable)

The following computer fields have been completed:

- 1) Names Table
- 2) Xname
- 3) Medical History
- 4) Arrest
- 5) Offense (Bond or Fine)
- 6) Housing

Comments: Called PCPD in reference to this being their case. Ask for investigator Greene never got a response back

Booking Officer's Signature Russell

PERSONAL INFORMATION

LAST NAME:

Ellis

FIRST NAME:

William

MIDDLE NAME:

Russell Co. J.

HOME ADDRESS:

CITY

STATE

ZIP CODE

PHONE NUMBER ()

7065612727

CELL NUMBER ()

CIRCLE ONE: FEMALE OR MALE

BIRTHDAY:

5-9-70**EMERGENCY CONTACT INFORMATION**

LAST NAME:

Glenda

FIRST NAME:

Ellis

MIDDLE NAME:

HOME ADDRESS:

CITY

STATE

ZIP CODE

PHONE NUMBER ()

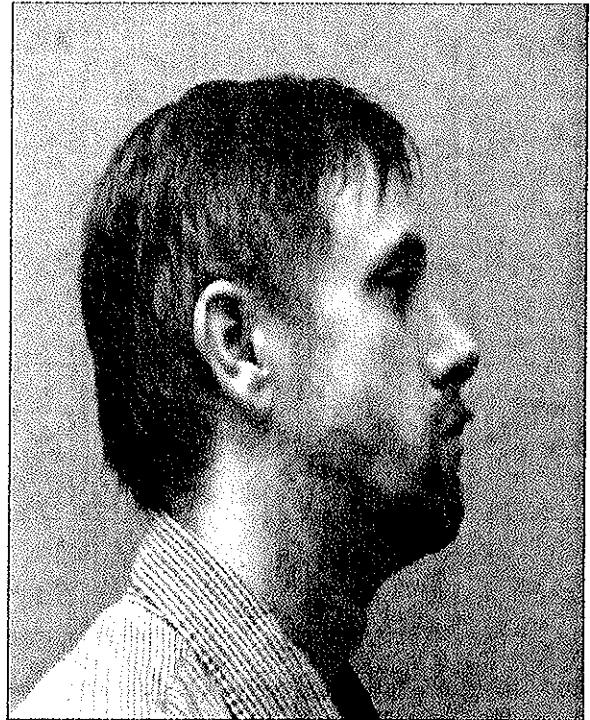
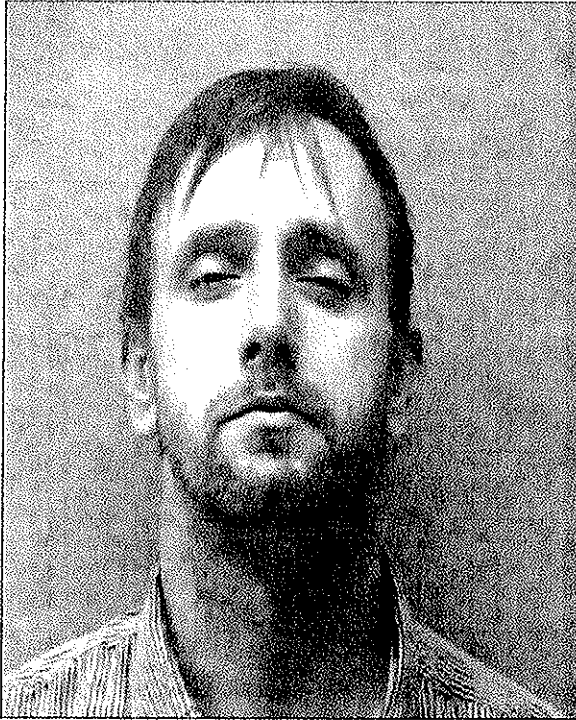
7065612727

CELL NUMBER ()

RELATIONSHIP:

Mom

Russell County Sheriff's Department



Ellis, William Lanier
49172

Ellis, William Lanier

DOB: 05/09/70 Age: 36 Race: W Sex: M
Hgt: 6'01 Wgt: 168

49172



Intake Screen

Approx. date of any prior record here: _____

Name: William T. Mc DOB: 5/17/95 Date: 2/9/09

Apparent mental status of the patient (check one):

☒ Normal ☐ Confused ☐ Agitated ☐ Intoxicated ☐ Drugged ☐ Strange

Any evidence of injury, active health problems or deformity: _____

Patient Health History (Y or N response)

Are you currently sick in any way? <u>N</u>	Do you have heavy sweating at night for no reason when it's not hot? <u>Y</u>	Do you have HIV infection or think you might have it? <u>N</u>
Do you have a fever that won't go away? <u>N</u>	Have you lost more than 10 pounds of weight during the last 6 months? <u>Y</u>	Any symptoms which might indicate sex-related disease? <u>N</u>
Are you currently taking any prescribed medications? (List below) <u>Y</u>	Have you ever had a heart attack or any other heart trouble? <u>N</u>	Have you ever intentionally hurt yourself or tried to take your own life? <u>N</u>
Have you ever had any kind of cancer? <u>N</u>	Do you have high blood pressure? <u>N</u>	Would you ever try to take your own life? <u>N</u>
Do you have diabetes? <u>N</u>	Do you have chest pain with exercise or other chest pain? <u>N</u>	Do you feel like you would like to die? <u>N</u>
Do you have seizures or blackouts? <u>Y</u>	Have you had bleeding from your stomach, bowels, or kidneys? <u>N</u>	Do you see people or things other can't see or hear voices others can't hear? <u>N</u>
Have you ever had a stroke? <u>N</u>	Do you have shortness of breath or trouble breathing? <u>N</u>	Females: Are you pregnant or could you be pregnant? <u>N</u>
Do you have any eye problems? (List below) <u>Y</u>	Do you have asthma? <u>N</u>	On how many days of the past month have you consumed alcohol? <u>N</u>
Do you have a cough that won't clear up? <u>Y</u>	Do you have kidney disease or failure or had kidney dialysis? <u>N</u>	On how many days of the past month have you used drugs? <u>N</u>

Comments: 9. Bipolar caseMedications: Zarbit 2 mg 2x a day phenobarbital 1/2 tab 2, 4 times a dayAllergies: penicillinReason for any recent physician visits: 1st Wednesday for his back and anxietyList surgeries: 1. Hip 2. Knee

Describe any prior hospitalizations: _____

Drugs you have used: noneRecommended housing or activity restrictions: noneMedical management plans: noneHealth insurance: noneBooking Officer: Ch. Smith Inmate: 1008000 Medical Staff: _____

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION

1 ORI # AL 05000000	2 Agency Name Russell County Sheriff's Dept.	3 Case #	4 SFX
5 Last, First, Middle Name Ellis, William Lerner		6 Alias AKA	
7 Sex M	8 Race W	9 Ethnicity A	10 Hgt 6-1
11 Wgt 170	12 Eye Bro	13 Hair Blk	14 Skin
15 Scars		16 Marks	17 Tattoos
18 Amputations		19 Date of Birth 05/09/70	
20 Age 36		21 Miscellaneous ID #	
22 SID #	23 Fingerprint Class Henry Class	24 DL#	25 St
26 FBI #	27 NCIC Class	28 Identification Comments	
29 Resident <input checked="" type="checkbox"/> Non-Resident	30 Home Address (Street, City, State, Zip) 5832 East Hgts Drive Columbus GA	31 Residence Phone ()	32 Occupation (Be Specific)
33 Employer (Name of Company/School)	34 Business Address (Street, City, State, Zip)	35 Business Phone ()	

ARREST

36 Location of Arrest (Street, City, State, Zip) Russell County Jail	37 Sector #	38 Arrested for Your Jurisdiction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
39 Condition of Arrestee <input type="checkbox"/> Drunk <input checked="" type="checkbox"/> Sober <input type="checkbox"/> Drugging	40 Resist Arrest? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41 Injuries? <input checked="" type="checkbox"/> None <input type="checkbox"/> Officer
42 Date of Arrest 03/09/07	43 Time of Arrest 2030	44 Day of Arrest S
45 Type of Arrest? <input type="checkbox"/> On View <input checked="" type="checkbox"/> Warrant <input type="checkbox"/> Call	46 Arrested Before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	47 Description of Weapon <input type="checkbox"/> Handgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Rifle <input type="checkbox"/> Other Weapon <input type="checkbox"/> Shotgun
48 Charge - 1 Attempted Murder	49 UCR Code	50 Charge - 2 Whit OF Arrest
51 State Code/Local Ordinance 13A-4-2	52 Warrant # 207000494	53 Date Issued 02/20/07
54 State Code/Local Ordinance	55 Warrant # 1996000010	56 Date Issued 11/21/06
57 Charge - 3 <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	58 UCR Code	59 Charge - 4 <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd
60 State Code/Local Ordinance	61 Warrant #	62 Date Issued
63 State Code/Local Ordinance	64 Warrant #	65 Date Issued
66 Arrest Disposition <input type="checkbox"/> Held <input type="checkbox"/> Tot - LE <input type="checkbox"/> Bad <input type="checkbox"/> Other <input checked="" type="checkbox"/> Released	67 If Out On Release What Type?	68 Arrested with (1) Accomplice (Full Name)
69 Arrested with (2) Accomplice (Full Name)		

VEHICLE

71 VYR	72 VMA	73 VMO	74 VST	75 VCO Top	76 Tag #	77 LIS	78 LIY
79 VIN					80 Impounded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	81 Storage Location/Impound #	
82 Other Evidence Seized/Property Seized							

JUVENILE

83 Juvenile Disposition: <input type="checkbox"/> Handled and Released <input type="checkbox"/> Ref. to Welfare Agency <input type="checkbox"/> Ref. to Adult Court <input type="checkbox"/> Ref. to Other Police Agency	84 Released To
85 Parent or Guardian (Last, First, Middle Name)	86 Address (Street, City, State, Zip)
87 Parents Employer	88 Occupation
89 Address (Street, City, State, Zip)	90 Phone ()
91 Address (Street, City, State, Zip)	92 Phone ()

RELEASE

93 Date and Time of Release M D Y 3 9 07	94 Releasing Officer Name Russell	95 Agency/Division 2226	96 ID #
97 Released To	98 Agency/Division	99 Agency Address	
100 Personal Property Released to Arrestee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial	101 Property Not Released/Held At:	102 Property #	
103 Remarks (Note Any Injuries at Time of Release)			
104 Signature of Receiving Officer James Williamson			
105 Signature of Releasing Officer 3/9/07 2226			
106 Case #			
107 Case #			
108 Case #			
109 Case #			
110 Case #			
111 Case #			
112 Arresting Officer (Last, First, M.) James Williamson			
113 ID # 5711			
114 Arresting Officer (Last, First, M.)			
115 ID #			
116 Supervisor			
117 Watch Cmdr.			
ID #			
ID #			

TYPE OR PRINT IN BLACK INK ONLY

W A R R A N T

STATE OF ALABAMA

RUSSELL COUNTY

DISTRICT COURT

AGENCY NUMBER:

WARRANT NUMBER: WR 2007 000474.00
OTHER CASE NBR:

TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:

YOU ARE HEREBY COMMANDED TO ARREST WILLIAM LANIER ELLIS AND BRING HIM/HER BEFORE THE DISTRICT COURT OF RUSSELL COUNTY TO ANSWER THE STATE ON A CHARGE(S) OF:

ATTEMPT - MURDER CLASS: A TYPE: F COUNTS: 001
AND HAVE YOU THEN AND THERE THIS WRIT WITH YOUR RETURN THEREON.YOU WILL RECEIVE UNTO YOUR CUSTODY AND DETAIN HIM/HER UNTIL THE
DAY OF _____, OR UNTIL LEGALLY DISCHARGED.

DATED THIS 20 DAY OF FEBRUARY, 2007.

BOND SET AT: (1) \$25,000.00 BOND TYPE:
(2) _____
(3) _____KATHY COULTER
CLERK OF CIRCUIT COURT

CHARGES: ATTEMPT - MURDER

13A-004-002

F FELONY

NAME: WILLIAM LANIER ELLIS

ALIAS:

ADDRESS: 24-B GAUNT ROAD

ALIAS:

ADDRESS:

CITY: PHENIX CITY

STATE: AL

ZIP: 36867 0000

PHONE: 000 000 0000 EXT: 000

EMPLOYMENT:

DOB: 05/09/1970

RACE: W

SEX: M

HAIR: BRO

EYE: BRO HEIGHT: 6'01" WEIGHT: 140

SID: 000000000 SSN: 260239248 DL NUM:

E X E C U T I O N

EXECUTED THE WITHIN WARRANT BY ARRESTING THE DEFENDANT AND

() PLACING DEFENDANT IN THE RUSSELL COUNTY JAIL

() RELEASING DEFENDANT ON APPEARANCE BOND

THIS 9 DAY OF March 2007

SHERIFF

BY

COMPLAINANT: INV DENNIS GREENE
P.C.P.D.

PHENIX CITY AL 36867

OPERATOR: DEB

DATE: 02/20/2007

WRIT OF ARREST

CS 1996 000010.01
ERIC B. FUNDERBURK

IN THE DISTRICT COURT OF RUSSELL COUNTY

SANDY G GIFFORD VS WILLIAM L ELLIS

TO ANY LAW ENFORCEMENT OFFICER:

YOU ARE HEREBY COMMANDED TO ARREST: ELLIS WILLIAM L
AND BRING HIM/HER BEFORE THIS COURT.

WITNESS MY HAND THIS 12/19/2006.

Kathy Coulter
~~JUDGE/CLERK/MAGISTRATE~~

DEFENDANT'S ADDRESS:

24-B GAUNT ROAD

PHENIX CITY, AL 36869-0000

SSN #: [REDACTED] 8

DOB: [REDACTED]

RACE: W

SEX: M

EMPLOYER: _____

PHONE NO: _____

NOTE:

OFFICERS RETURN:
RECEIVED ON _____

EXECUTED ON 3-9-07

BY: *[Signature]*

- () DEFENDANT ARRESTED, RELEASED ON BOND
() DEFENDANT ARRESTED, IN JAIL
() DEFENDANT ARRESTED, NOT BOOKED
() NOT FOUND
() OTHER _____

SHERIFF _____

OFFICER _____

OPERATOR: JUJ
PREPARED: 12/19/2006

PRENTISS L. GRIFFITH DETENTION FACILITY

PROPERTY RECEIPT

BOOKING # 070309009
 INMATE NAME William Ellis NAME # 49172
 RECEIVING OFFICER Al Hunter DATE/TIME 3/7/07

ITEM #	AMOUNT	ARTICLE DESCRIPTION	BIN
1		Blue shirt	A-10
2		Camo pants	↑
3		Grey underwear	↓
4		gym shoes (Gray + Yellow)	↓
5		note pads magazine Envelope	A-10
		End of list <i>W. Ellis</i>	
		I acknowledge having received	
		a copy of the Russell County Jail	
		Inmate Handbook	
		Name <u>William Ellis</u>	
		Date <u>3/18/07</u>	

RELEASE INFORMATION

RELEASING OFFICER _____ DATE/TIME _____

RECEIVED BY _____ SIGNATURE _____
 Print Name

COMMENTS _____

STATE OF ALABAMA

VS.

William Ellis
DEFENDANT

IN THE DISTRICT COURT OF

RUSSELL COUNTY, ALABAMA

CASE NUMBER DC- _____

Att Murder #2,500

ORDER

- X 1. DEFENDANT ADVISED OF RIGHT TO AN ATTORNEY
X 2. ENTERED PLEA OF NOT GUILTY
X 3. REQUESTED PRELIMINARY HEARING
4. RETAINED THE HONORABLE _____ AS COUNSEL

It is hereby ORDERED, ADJUDGED AND DECREED:

1. THAT THIS CAUSE IS WAIVED TO THE NEXT TERM OF THE GRAND JURY
2. AFTER HEARING, THIS CAUSE IS BOUND TO THE NEXT TERM OF THE GRAND JURY
3. BOND IS SET AT William Ellis - contact with Victim
4. THAT THIS CAUSE IS DISMISSED UPON DEFENDANT EXECUTING WAIVER OF EXTRADITION
5. THAT THE HONORABLE F Patterson ⁶⁴²⁻⁴⁸⁰¹ IS APPOINTED COUNSEL TO REPRESENT THE DEFENDANT
X 6. THAT THIS CASE IS CONTINUED TO THE 25 DAY OF April 2007 AT 1:30 PM
7. _____

DONE, This the 12 day of March, 2007.

070309009

Michael J. Bellamy
JUDGE

William Ellis

070309009

DATE 3/23/07

INMATE LOCATION: _____

PERSON BRINGING PACKAGE: _____

Female family

RECEIVING OFFICER: _____

Deena

MONEY: _____

CASH _____

MONEY ORDER _____

(Minimum of \$10.00)

1.) White T-shirts

3

2.) White Underware

3

3.) White Socks

3

4.) White Sweatshirt (max. 1) _____

5.) White Bras (no wires) _____

Long Johns 1 set

INMATE RECEIVED: _____

ANY OTHER ITEMS MUST BE OF MEDICAL NATURE AND BE APPROVED IN WRITING BY THE HEALTH CARE PROFESSIONAL (NURSE).

PACKAGES WILL BE ACCEPTED ONLY ON SUNDAYS FROM 1:00 p.m. until 5:00 p.m.

070309009

IN THE DISTRICT COURT OF RUSSELL COUNTY, ALABAMA

GIFFORD SANDY G

Plaintiff

v.

ELLIS WILLIAM L

Defendant

Case No.: CS-1996-000010.01

ORDER

IT IS HEREBY ORDERED BY THE COURT AS FOLLOWS:

HON. SUSAN HUFFSTUTLER APPOINTED FOR DEFENDANT.

CASH BOND WILL REMAIN \$1000.00.

CASE CONTINUED TO APRIL 11, 2007 AT 10:00 A.M.

DONE this 21st day of March, 2007

/s ERIC B. FUNDERBURK

DISTRICT JUDGE

070704009
William L. Ellis

DATE: 4-10-07

INMATE LOCATION: A-23

PERSON BRINGING PACKAGE: S. Ellis

RECEIVING OFFICER: Sgt. P. Moore

MONEY: _____ CASH _____ MONEY ORDER _____ (Minimum of \$10.00)

- 1.) White T-shirts _____
- 2.) White Underware _____
- 3.) White Socks _____
- 4.) White Sweatshirt (max. 1) _____
- 5.) White Bras (no wires) _____
6. Reading Glasses 1 pair

INMATE RECEIVED: [Signature]

ANY OTHER ITEMS MUST BE OF MEDICAL NATURE AND BE APPROVED IN WRITING BY THE HEALTH CARE PROFESSIONAL (NURSE).

PACKAGES WILL BE ACCEPTED ONLY ON SUNDAYS FROM 1:00 p.m. until 5:00 p.m.

IN THE DISTRICT COURT OF RUSSELL COUNTY, ALABAMA

GIFFORD SANDY G

Plaintiff

v.

ELLIS WILLIAM L

Defendant

Case No.: CS-1996-000010.01

ORDER

HON. SUSAN HUFFSTUTLER PRESENT IN COURT.

IT IS HEREBY ORDERED:

THAT THE DEFENDANT IS RELEASED.

CASE CONTINUED TO AUGUST 8, 2007 AT 10:00 A.M.

DONE this 11th day of April, 2007

/s ERIC B. FUNDERBURK

DISTRICT JUDGE

076309009

070309009

STATE OF ALABAMA

) IN THE DISTRICT COURT OF

VS.

) RUSSELL COUNTY, ALABAMA

WM. LAWRENCE ELLIS

DEFENDANT

) CASE NUMBER DC- 07-492

ORDER

1. DEFENDANT ADVISED OF RIGHT TO AN ATTORNEY
2. ENTERED PLEA OF NOT GUILTY
3. REQUESTED PRELIMINARY HEARING
4. RETAINED THE HONORABLE _____ AS COUNSEL

It is hereby ORDERED, ADJUDGED AND DECREED:

- ✓ 1. THAT THIS CAUSE IS WAIVED TO THE NEXT TERM OF THE GRAND JURY
2. AFTER HEARING, THIS CAUSE IS BOUND TO THE NEXT TERM OF THE GRAND JURY
- ✓ 3. BOND IS SET AT 20,000
4. THAT THIS CAUSE IS DISMISSED UPON DEFENDANT EXECUTING WAIVER OF EXTRADITION
- 1 5. THAT THE HONORABLE FRANK PARRISON IS APPOINTED COUNSEL TO REPRESENT THE DEFENDANT
6. THAT THIS CASE IS CONTINUED TO THE _____ DAY OF _____ 20____ AT _____
7. _____

DONE, This the 25 day of April, 2007.JUDGE Rudolph B. Bell

INMATE REQUEST SLIP

LOCATION

Name William Ellis Date 5-28-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to Jailer

I need to use the Law
Library to do some research

(Do Not Write Below This Line - For Reply Only)

You need to request
on Thursday.
J. F. Gullard
5/30/07

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then
Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 29 May 07 Time Received 1400

I only told Jeff this guy could use it!

10-17-07

W

Linda

um glad you liked the drawing its always nice to know that the work wasn't a waste.

I'm sending a portrait of your granddaughter and your niece. These are the hardest to do because I only do them in pen and I make mistakes and you have to start all over. The satisfaction is knowing it came from the heart and you can't get them any where else.

Only Problem was you cheated and didn't send a picture of you large enough for me to see. The one you did send you left great in. I just need to be able to see it a little closer.

Building Computers has ruined my eyes . . . did I forget that part? yes my apology

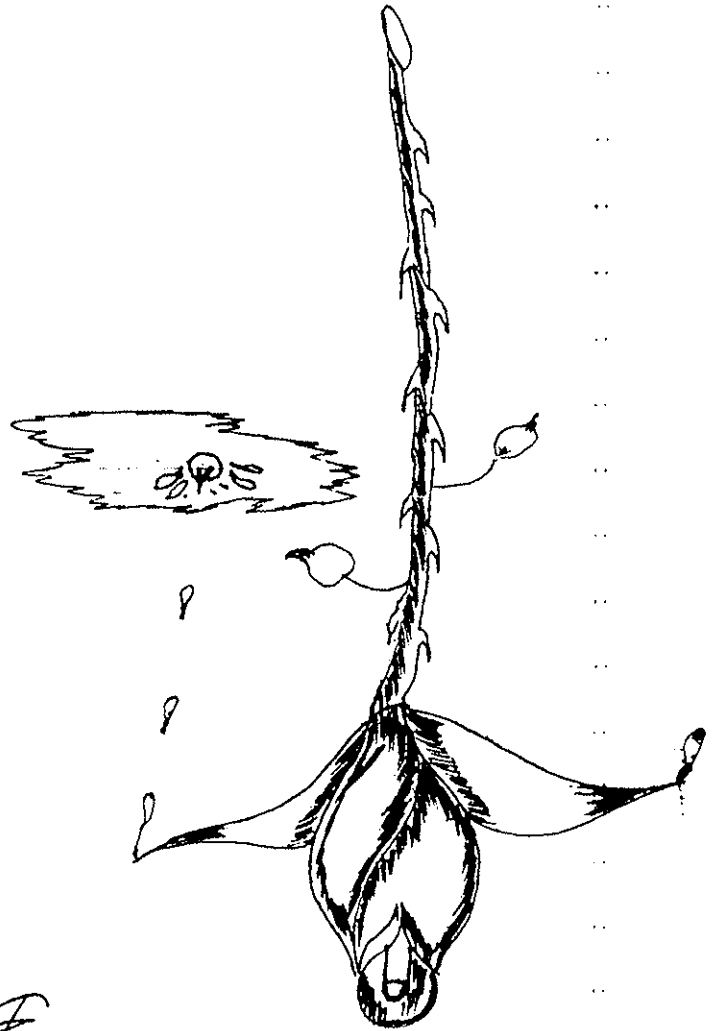
What anyone calls me in 37 and happy Father day to me! . . . Arrive please . . . thank you I'm here cause I didn't call 911

to my house now . . . you'll love this . . . Attempted murder. I'll wait the only one they are trying to railroad. Anyway Jeff is blessed to have a sister that looks out for him. And we all know how stubborn he can be so don't tell him, he agrees to it.

Mothering right along in class enclosing a picture of me. Its always nice to put a name with a face.

photo!
DID NOT SEND HIM

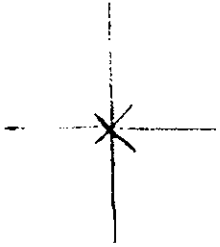
Oh, the portrait
 are not my best, but my
 fan is bleeding but a
 think they'll be
 be good!
 W. H.



Forever I will
 be!

Be atleast you know who you speaking
 with. I was right over to her your shop
 so. I am by the car wash on warm spring
 ... did I forget anything? ... not for the
 most part and you are always cutting up.
 I love to see people smile, so
 I hope to atleast get a letter from you
 after all this work! in taking ☺ smile
 I'll be close for now, I hope you
 eyes bright and your spirit full you never know
 who's like you might touch.



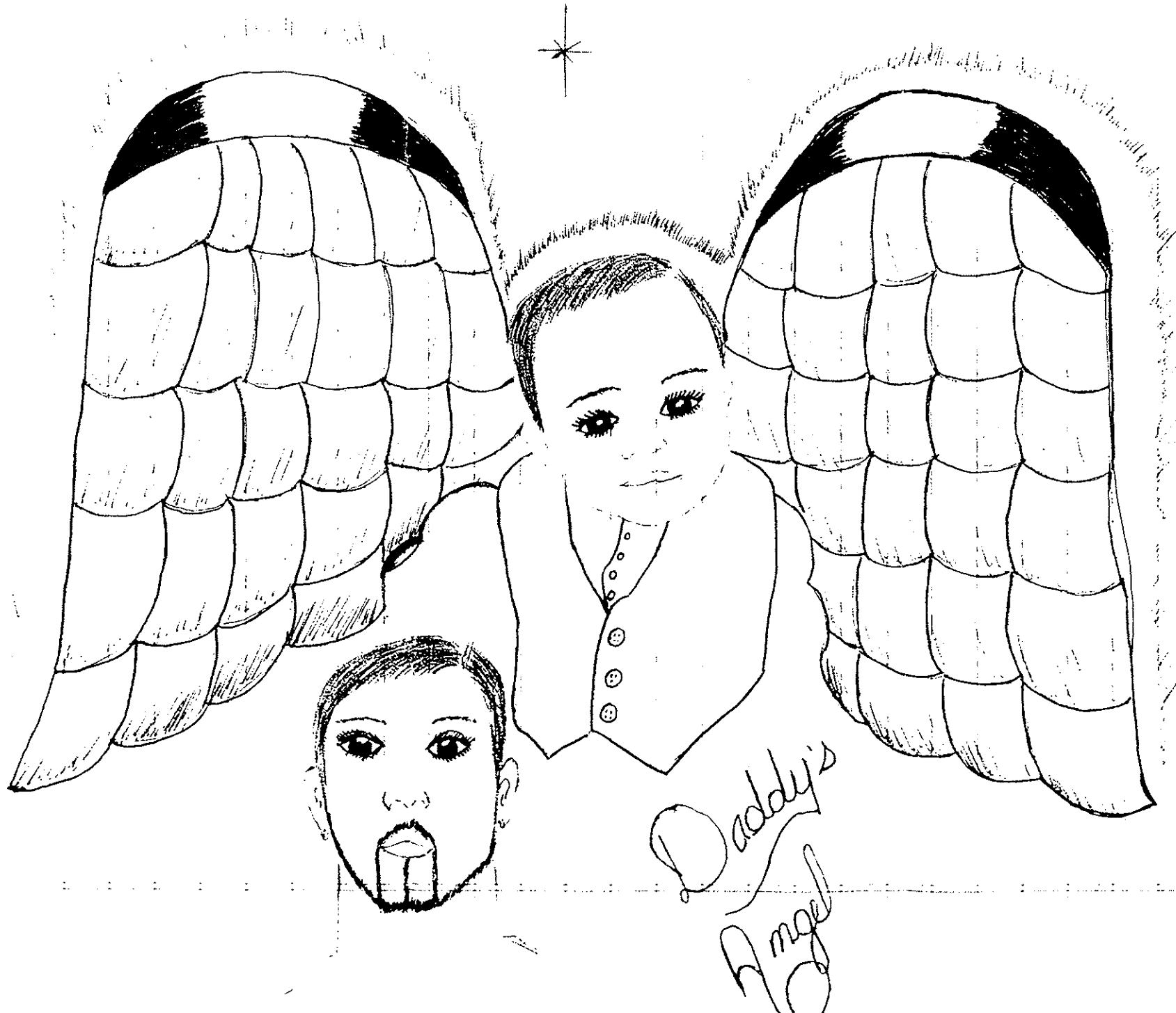


Natalie

Whitney



To: Linda
A little something
for you and the kids
Be Sweet
Wife
6-18-07



**RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM**

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Submitted By: <u>William L. Ellis Jr.</u> Inmate's Name (last name first) Housing Assignment	Received By: <u>C/O Ingersoll 32</u> CO's Name & ID Number Shift Assignment
--	---

PART "A" INMATE REQUEST

On 3-9-07 I was admitted to the institution, when I came from Muscogee County Jail, upon arriving the medical staff were well aware of my injuries to my back. Coming from another facility I was on something for pain and something for

Grievant (Inmate) Signature _____

PART "B" - RESPONSE

6/26/07 Received Grievance Form
 Referred to Nurse Pelkey for Dr. Warr's
 Review. L. L. Garland

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To _____ Date _____ Time _____
 Submitting Inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____
 Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal

Appeal Received By _____ Date _____ Time _____
 Submitted By _____ Copy Received By _____

for my seizures, also something for my anxiety. The seizures i have had for 26 years also the Chronic anxiety. Which all of this is documented in my medical records.

Mrs Diley and Dr. Warr automatically cut my seizure medication from 3 times a day down to two along with the dose

Since i arrived i have complained constantly about my back, which i have suffered 3 injuries and there are medical records to back this up.

Finally on June 11th i seen the Dr. and he put me on something for mild pain, i suffer from Chronic pain. On Monday the 18th i submitted a request to see the Dr. for the following week along with one on the 20, 24th still i havent seen the Dr.

He is being biast against me because i have to take medication but at this point i have 2 options treat the pain or fix the problem.

I'm getting worse every day. spinal Cord and nerve injury Can not be fixed Dr. Warr H moves this. The biggest factor is there are records to back this up

July 2, 2007

Sheriff Tommy Boswell
Russell Co. Sheriff's Department
P. O. Box 640
Phenix City, AL 36868-0640

Dear Sheriff Boswell:

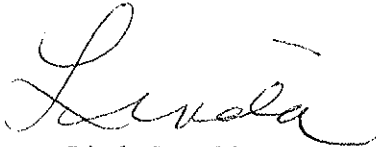
My brother is an inmate at the Russell Co. Jail. He has explained to me how I came to receive the enclosed 2 letters. Copies included. I have the original copies.

I did not respond and do not plan to. However, I expect you or the Jail Personnel to stop these letters. I do not appreciate the fact that someone I do not know is writing me such personal remarks. Nor, do I appreciate the gruesome looking drawings.

I want this stopped immediately. I do understand that Mr. Ellis is no longer in the same location as my brother; but he still has my address.

Please call me immediately upon receipt of this letter and let me know that action is being taken to keep Mr. Ellis from sending any more correspondence to me.

Thank you in advance,



Linda Jarecki
706-569-9938 - day phone

cc: Meacham, Early & Fowler, Attorneys
Lt. Holland, Russell Co. Jail

7/20/07
William Ellis spoke
with this inmate
and advise him not
to write Mrs. Jarecki
and he has not.
J. Jarecki

- Called w/ft a message
listed number.
7/11/07 - spoke w Linda about
other info I needed to forward
thing with her request.
7/19/07 - As of this notice I
have not received any
information that I
requested to forward
thing with this
message.

7-12-07
1312
ofc Treffa

RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used.

Submitted By:	Received By: <i>Sgt. M. L. Smith</i>
Inmate's Name (last name first) <i>William Ellis</i>	CO's Name & ID Number <i>C/O Hunter 7-19-07 2055</i>
Housing Assignment <i>F max</i>	Shift Assignment

PART "A" INMATE REQUEST

Grievant (Inmate) Signature *St. T. Hollars*

PART "B" - RESPONSE

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

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PART "C" - RECEIPT

Return To _____	Date _____ Time _____
Submitting Inmate _____	Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____	Date _____ Time _____
Witness _____	Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By _____	Date _____ Time _____
Submitted By _____	Copy Received By _____

St Holland.

Now i understand why i havent gotten any mail. From what i understand Jeff Hall is telling you i stole his sisters address?

Let me assure you St Holland, i didnt steal anything he told me the address to her business and if you got copys of them you know there was nothing to it. I he even wrote him and told him to tell me thank you.

I did a portrait of her grand kids. When i realized i had the 1 of her niece i gave it to the worst to return to him, And he did.

He asked me not to write her any more and i havent, me and Jeff were supposed to be friends but i learned my lesson on that. you can check the mail log the only mail is to my family.

But all of this is coming behind David and Tifani. I draw portraits and pictures and i thought i was doing him a favor after all the conflict they had but let me assure you its been over 6 weeks i guess since i wrote her with the portrait of her grand kid

officer Memo is on leave, what im telling you
no one, i mean me one! knows and could be
a death sentence to me. His father is Det.
Memo of Metro Narcotics in Columbus.

I became a Confidential informant
in 1973, although i havent been active for some
years the fact that i am is a risk im willing
to take. you and you alone know this

Memo and Wiggins are pretty
tight if 2 and 2 is put together he will tell
every one.

I have no hard feelings toward
him i just dont need any more problems.

I'm already epileptic one lick
to the head could kill me plain and simple
not including my back which you already know
about. My mom can fill you in on my wife

mom Glenda Ellis 766 561-2777
Julio Ellis 360-581-6516

Disability
Washington
State

Once you receive this letter and
he gets word of it i need to know that it can
be taken care of. I'm sending a copy to
my family. Please all this is very Confidential

What ya
William Ellis

P.S. Please Check on my
mail

Defendant Schaper - Mince

FLA/land.

there is a very serious situation that staff needs to be aware of. I have no other recourse but to bring it to your attention. I called Wilson myself and immediately called Wilson.

have had words in the past while I was in Florida (Mince) nothing major but enough to keep us from speaking. I never met him until I came back here to Pinellas County. Through general conversation I found out I knew of him but never met him face to face.

I'm that conversation I found out that my & Schaper says to punish him to kill me before I get out of prison. That really didn't bother me until I found out that she is coming to visit him. Now all of a sudden the

note in him has escalated to a very dangerous point. That week he gave me eyes to the window and told me he is going to cut my throat if he gets his hands on me.

Someone facing Capital Murder on death penalty doesn't have any thing to lose but I do am trying to get the mess in in straight out

not get in any more trouble. I havent been in any Confrontations or fights at all.

In 2005 Mrs. Schaffer tried to get me charged with aggravated stalking the judge dismissed it but the restraining order is in tact.

She knows very, very! Critical information about me. We were together for 9 years and have a son. We do not speak or talk but her giving him information about me is to much.

I'm not a violent person and do not wish for this to escalate but I was around him long enough to know he will not let it rest.

My Mother called down here last night she hasnt got my mail and I havent got any mail.

I have told her about some of this but not all of it she knows something is wrong and my wife also knows all of this in the event something were to happen.

I have seen with my own eyes the things he could pull off and please know if I have to defend my self I will.

This is way out of my league im not a Smith inmates will be inmates and as long as it doesnt affect me I dont care.

Exhibit A – Part 2
Inmate File of William Lanier Ellis, Sr.

INMATE REQUEST SLIP

LOCATION 11Name William Ellis Date 7-19-07☐ Telephone Call☐ Time Sheet☐ Special Visit☒ Personal Problem☐ OtherBriefly Outline Your Request. Give to Jailer

I need to know why my family is not receiving my mail and also am not receiving any mail. The last mail I got was 21 days ago please check into this soon as possible.

W. Ellis

(Do Not Write Below This Line - For Reply Only)

We don't have any mail on hold for you. Please check with your family and check what address they are using.

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 7-19-07 Time Received 2054Jailer W. Ellis

**RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM**

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Staff Copy.

Submitted By:	Received By:
Inmate's Name (last name first) <i>William Ellis</i>	CO's Name & ID Number <i>F. Brown 6642</i>
Housing Assignment <i>B med</i>	Shift Assignment <i>C-DAY</i>

PART "A" INMATE REQUEST

Thursday June 28th I had a follow up with Dr. Warr about my back. At this follow up all of my medical is discussed. Dr. Warr and myself speak about the Depression and anxiety in dealing with.

Grievant (Inmate) Signature *William Ellis Jr*

PART "B" - RESPONSE

9/16/07 - I checked with Nurse Pilgry and also forwarded this grievance form to her to allow Dr. Warr to read and over view for follow-up - H. Hallend -

Copy forward 9/16/07 - to Nurse Ritey-Pilgry & Dr. Warr

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To: _____	Date _____	Time _____
Submitting Inmate _____	Receiving Shift Supervisor _____	

PART "D" - RETURN RECEIPT

Returned To _____	Date _____	Time _____
Witness _____	Submitting Inmate _____	

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By _____	Date _____	Time _____
Submitted By _____	Copy Received By _____	

Part B
Resistance

But nothing is done. I have submitted 4 medical request to Mrs Jeffery. Along with 2 verbal request about this.

Everything through medical is a constant struggle to get anything done. Don't want

appeared me to have some muscle rub for my back and keep. This was appeared on 6-28-07 and I have got 3 trial days pass for my back.

These weeks are clearing in on

me I have been here since March 97. I still don't know anything. No indictment, no paperwork. Just mending

my man had Congestive heart failure. I'm asking and have been for help. I'm having trying appts

old nurse. She suffered from Chronic Anxiety for years. I don't know when some body goes off, still

ask "why". The County had me in mental health manager County. I arrived in a mental health

I'm trying all I can to keep

the bad side of me down. It hasn't been every day. These attacks in the County spent enough time with me to learn the other side. I he went to Dr. McFadden and I was put in mental health

Mrs Pelkey if you haven't learned anything about me, I think you know is everything in my medical i have told you is true.

I need some help, there is a lot about me and my past that you don't know.

Everyone has their own Demons to fight. Mine start at the age of 4. And through out my adult life has continued on.

I Can't escape my past its always there. Always in my memory. The beatings being molested, my father Dying in my arms.

As time goes on it gets worse its a movie that never ends. I grow in my back and my Case. I have too much on me.

M. Ellis

RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Staff Copy

Submitted By:	Received By:
Inmate's Name (last name first) William Ellis	CO's Name & ID Number COWURST 24 1900 OCT 4
Housing Assignment G max	Shift Assignment

PART "A" INMATE REQUEST

On Tuesday Oct the 2nd i made a inquiry With Mrs Riley why was i still recieve ing a medication that was Discontinued. she says it wasnt. In the medication ledger it veriffys that it was stopped. The other inquiry was if Dr. Warr was aware

Grievant (Inmate) Signature

PART "B" - RESPONSE

10/9/07- Referred to Medical Dr. Warr, and Nurse Riley - J. D. Gallard.

Date of Response Divisional Grievance Officer ID Number

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To	Date	Time
Submitting Inmate	Receiving Shift Supervisor	

PART "D" - RETURN RECEIPT

Returned To	Date	Time
Witness	Submitting Inmate	

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal

Appeal Received By	Date	Time
Submitted By	Copy Received By	

attachment

Part B.

that i had my first seizure. I was asked if i told any one. Seems every one but her knows about it. Sgt San Nicolas, officer freem, officer Goodman.

She knows she just dont want to hear it. now im refused treat ment until i see mental health.

I submitted 10 pages of information times, places, events, to Dr. Warr to try and help him understand whats going on. That has been well over a week ago.

The same information was submitted to Mr. Boswell.

So i assume that the regard for his patients is little. His intrest seem to be that of pleasing Mrs. Riley.

Regardless of this being a Detention facility, im still a patient as well as an inmate.

Do you just pick up a phone and call the Doctor and tell him what you want him to hear. Someone has Cut 2 medications that were giving my Seizures bad problems.

Then i have one, and your not even going to follow up. That is the first thing that should be done.

Dr Warr is not a neurologist and when it comes to my Seizures has no way to

Say what is or is not going on in my mind.

I have been under 2 well respected
neurologist and i know the procedure and follow
up that is to occur when i have one.

Under Rule 11, FEDERAL RULES OF CIVIL
Procedure this along with prior grievance's will
be attached, as part of the record.

These Complaints are well grounded
on medical History and record. Not that of opinion
or therapy But plain, facts.

Grievance attachment, Record 003. Part 1, A
to 1983, attachment.

Mr. Ellis

INMATE REQUEST SLIP ⁶⁷¹²

Name William Ellis Date 10/9/07 LOCATION

- ☐ Telephone Call
 ☐ Time Sheet
 ☐ Special Visit
 ☐ Personal Problem
 ☒ Other

Briefly Outline Your Request. Give to Jailer

Mrs Gary I need an attachment
 ledger or print out of the financial
 activity in legal form. To attach
 to a 1983 form Indigent sheet
 your time is appreciated to this matter
 I need it soon as you can get it
 Thank you Mr Ellis

(Do Not Write Below This Line - For Reply Only)

You would need to write
 to the Court system to get
 what you need.
 10/10/07 - Gave Mr. Ellis form he
 needed. J. G. [Signature]
 Approved Denied Collect Call
 10/10/07

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

- ☐ Lieutenant
 ☐ Chief Deputy
 ☐ Sheriff

Date 10/10/07 Time Received 0700

Jailer C. M. P. BELL

INMATE REQUEST SLIP

LOCATION

Name William Ellis Date 9-9-07

- ☐ Telephone Call ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give to Jailer

1st Duesey Could you please
give me the address to the us.
middle Court for a 1983 form
We spoke briefly about it.

(Do Not Write Below This Line - For Reply Only)

CLERK OF COURTU.S. DISTRICT COURTPO BOX 711MONTBOMERY, AL 36101

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then
Forwarded To Those The Request Is Directed.

- ☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date 9-9-07 Time Received 1940

**RUSSELL COUNTY SHERIFF'S DEPARTMENT
 CORRECTIONS DIVISION
 INMATE GRIEVANCE FORM**

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Staff Copy

Submitted By:	Received By:
Inmate's Name (last name first) <i>William Ellis</i>	CO's Name & ID Number <i>LOWURST 24 1900 OCT 4</i>
Housing Assignment <i>G max</i>	Shift Assignment

PART "A" INMATE REQUEST

ON Tuesday Oct the 2nd i made a inquiry With Mrs Riley why was i still recide ing a medication that was Discontinued. she says it wasnt. In the medication ledger it says that it was stopped. The other inquiry was if Dr. Warr was aware

Grievant (Inmate) Signature _____

PART "B" - RESPONSE

10/9/07- Referred to Medical Dr. Work and Nurse Riley - J. Hallard.

10/15/07- Referred to Medical Dr. Warr and Nurse Riley - Pelfred - J. Hallard Leonard -

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

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PART "C" - RECEIPT

Return To _____ Date _____ Time _____
 Submitting Inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____
 Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal

005

Appeal Received By _____ Date _____ Time _____
 Submitted By *William Ellis* Copy Received By _____

See Attachment PIG-021

that i had my first seizure. I was asked if i told any one. Seems every one but her knows about it. Sgt San Nicolas, officer freeman, officer Goodman.

She knows she just dont want to hear it. now im refused treat ment until i see mental health.

I submitted 10 pages of informed times, places, events, to Dr. Warr to try and help him understand whats going on. That has been well over a week ago.

The same information was submitted to Mr. Boswell.

So i assume that the request for his patients is little. His intrest seem to be that of pleasing Mrs. Riley.

Regardless of this being a Detention facility, im still a patient as well as an inmate.

Do you just pick up a phone and call the Doctor and tell him what you want him to hear. Someone has Cut 2 medications that were giving my Seizures bad problems.

Then i have one, and your not even going to follow up. That is the first thing that should be done.

Dr Warr is not a neurologist and when it comes to my Seizures has not way to

Say what is or is not going on in my mind.

I have been under 2 well respected Neurologist and i know the procedure and follow up that is to occur when i have one.

Under Rule 11, FEDERAL RULES OF CIVIL Procedure this along with prior grievances will be attached, as part of the record.

These Complaints are well grounded on medical History and record. Not that of opinion or theory But plain, facts.

Grievance attachment. Record 003. Part 1, A to 1983, attachment.

Mr. Ellis

Appeal Notification, Went to medical 1:00 P.m to follow up with Dr. Warr. So he can tell me that he made the inquiry with mental health and i cant be seen until February and until then Im just to be in jail. Until i go to mental health Im not going to be treated. Because he dont want to make a mistake?

Well there have been so many mistakes they hardly cant be counted I dont know what

the Connection is with Linda Riley and Dr. Warr. One thing I know she Controls Medical. And him.

As far as mistakes, You have a R.N. writing Down Doctors orders going over Charts. Making Diagnosis Forging medical ledgers for prescription Drugs.

If she will go in and put my Initial on the medical log for medication. Do you honestly think she wont make her own decision on treatment. Dr Warr puts his signature on what she writes.

What Dr. Warr is doing is a full Violation of his practice and he knows it. As part of the record im writing this appeal for refusal of treatment and not receiving treatment on this 11th day of October my vitals were taken.

As part of this Grievance Procedure and report a formal Complaint will be made with the U.S. Department of Health and Human Services. In Atlanta Ga.

A Formal Grievance will be filed as of 10/10/07. Against Linda Riley, Dr. Warr.

Punishment? that is when you go to medical and Deal with these two. Jail is light punishment Compared to medical.

Dr. Warr doesnt want to give me any medication because he will have to go by my previous medical records and what worked so well for me.

So i can only assume all the other doctors i seen were wrong and the medication that he dont agree with but regardless they work well for me. Because they are Narcotics, Narcotics are a practical part of medicine. An everyday part of life.

This is fail i agree the criminals are in uniform. I take a dollar the right way and they show their true side among other things. I have no complaint to each his own but this is about my health and well being.

Someone needs to ask Dr. Warr to see the 10 pages of information i submitted to him. If i have to start sending my grievances to Mr Baswell i will but this has gone far enough.

I also need my medical records i come in with my own and they are not in my property. I have 2 properly slips for those records and i need them to get copies. They are also my hard copy files.

In short this is a out of control situation

**RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM**

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used.

Submitted By:	Received By:
Inmate's Name (last name first) <i>Ellis William</i>	CO's Name & ID Number <i>Timothy Miller #41</i>
Housing Assignment <i>G map</i>	Shift Assignment <i>B</i>

PART "A" INMATE REQUEST

*After the brief talk with Dr. Warr on Thursday the 11th. It is clear that seeking any
Respite with my medical issues. Nothing can be done until i go to mental health. Out
of fear that "He" Dr. Warr will make a mistake in my treatment. Its a fact that
he knows im in severe pain day and night. Its a fact that im clearly Depressed.
Grievant (Inmate) Signature *William Ellis Jr.**

PART "B" - RESPONSE

*10/15/07 - Referred to Medical Dr. Warr and
Nurse Kelly Pelford St. Vincent Leonard*

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

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excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To _____ Date _____ Time _____
Submitting Inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____
Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

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Appeal Received By _____ Date _____ Time _____
Submitted By _____ Copy Received By _____

of his difference he still has a code and guideline to abide by. Are you aware of the oath he had to swear into as a Doctor? Most people aren't but I am.

He is fully aware that if I receive another MRI and it shows more damage to my back while under his care then he is responsible and accountable for that damage.

Dr. Warr is leaving me no choice but to fight back. I would much rather receive proper medical care. The medical records are there but he does not acknowledge them because I had to take medication he does not agree with. Agree or not it works for me and it works well.

Look at my jacket you never hear a peep out of me until it comes to medical. Even Dr. Smith in Mercer County Jail told me I was in trouble, it was a lost cause over here with medical. He has been treating me since I was 19.

With that said I want Dr. Warr to sign off on this grievance. That he will not treat me until February when and if I go to mental health. He will not go by my past records. He won't medicate me out of fear of making a mistake. I will also submit a request with this grievance.

Making this part of the record, if I do not receive that request back in 7 days. I will attach a duplicate to another 1983 form and attach as a refusal to comply.

M. Ellis

**RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM**

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Submitted By:	Received By:
Inmate's Name (last name first) <i>William Ellis</i>	CO's Name & ID Number
Housing Assignment <i>G map</i>	Shift Assignment

This grievance is to follow with the I recently submitted, 10/9 and 10/15 both referred back to medical and both went unanswered by medical. If this grievance procedure is now a useless appendage please so advise. So I can advise the Court. (Civil Case # 3:07-CV-920-MHT).

Grievant (Inmate) Signature

William Ellis

PART "B" - RESPONSE

10-22-07 - Please read your inmate handbook that a grievance form should be submitted when you are subjected to certain conditions. It appears that you do not even try to get an answer through inmate request slip.

J. Quince
10/22/07

** Copy Referred to Nurse Prison 10/22/07*

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

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PART "C" - RECEIPT

Return To _____ Date _____ Time _____
Submitting Inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____
Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By _____ Date _____ Time _____

Submitted By _____ Copy Received By _____

RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM

Case # 3:07-CV-920

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Submitted By:	Received By:
Inmate's Name (last name first) <i>William James Ellis Jr.</i>	CO's Name & ID Number <i>Brown, K 38</i>
Housing Assignment	Shift Assignment <i>D-Day</i>

PART "A" INMATE REQUEST

St Holland

I'm glad you were in medical, now you see what im dealing with. I have exhausted all efforts to go along with Dr Warr. Im suffering and there is no end to it, its day and night, night and day it never ends. Im trying to meet Dr Warr but

Grievant (Inmate) Signature *William Ellis*

PART "B" - RESPONSE

10-22-07- Thanks for all the info, I will forward a copy of this letter to Medical to add to their records.

J.F. Holland
10/22/07

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

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PART "C" - RECEIPT

Return To _____ Date _____ Time _____

Submitting Inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____

Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By _____ Date _____ Time _____

Submitted By _____ Copy Received By _____

I refuse to back down. You heard him say he knows in pain and it's get worse. It already has got worse and he thinks I went down to fast good? But me a heart that is just about.

I don't appreciate being treated like a drug addict. I never abused my medication. Furthermore I've never had a drug charge.

Thaling a Dismissal to Practice Medicine does not give you the right to abuse people. This is about the 4, or 5 times I have seen him for my throat and ears. Rather than look a little deeper to find out why. It will be covered up for a month or so then happen again. The last time was August.

I assure you, if he thinks on the Friday, think in going to back off, it won't happen. Also if he thinks that he is going to get all my previous Dr.'s go against them even records it's almost none.

Also he is knowingly make me suffer when he will have to answer for that. This man should have went this far. As of 11/1/07 it will be made public record. I also caution the gathering of my medical records with out my hand written consent, further more by phone, voice fax.

As I made it known in your presence this is not about me being in jail. I'm suffering at HOLLAND. As I made it known to you before this is one of the better facility's it been in.

Very truly,
William James Feltz Jr.

Dr. Wren has gotten away with letting inmate suffer needlessly
 as with any thing you only get away with it so long.
 Now a Class Action Petition has been
 signed and made part of the record. Following with numerous
 inmate of the same Complaint Bedin and Jan medical
 treatment. A formal Complaint will be filed with the
 Alabama State Board of nursing and the Alabama State
 Board of medicine. I would assume by now that you
 aware I don't bluff. They have a lot to answer for and
 it will be to me and a U.S. Magistrate Judge.
 The interesting thing is Judge Walker will choose the
 fact "to say" as it is not a legal entity subject to suit.
 (Motion stay is further more later this
 week. Jimmy Brown will receive a \$1 pay guidance
 filed out with medical request. In one of those on 6/13
 I was begging for help. There is a paper, there a mile
 long. Every request and guidance I have sent
 I haven't got I back yet with an explanation.
 I apoloize if I was rude or dis-
 respectful in any way. I'm hurting bad. Further more
 thank you for getting in now you have an idea of what is
 going on.

RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Submitted By:	Received By:
Inmate's Name (last name first) <i>William Lanier Ellis Sr.</i>	CO's Name & ID Number <i>J. J. Guyard</i>
Housing Assignment	Shift Assignment <i>10/24/07 1900</i>

PART "A" INMATE REQUEST

In light of my visit with Dr. Warr on 10/22/07, Dr. Warr I hope has enough of my medical history to determine that the severe pain im in does play a role in my overall health. The Depression, Anxiety, no sleep. There are 12 Cranial nerves that feed directly to the spine.

Grievant (Inmate) Signature *William Lanier Ellis*

PART "B" - RESPONSE

10-27-07- MR. Ellis, if you have any other problems with you Case # 3:07-CV-920 (MHT) I would recommend that you file them with the Courts. You do not have to complete an inmate grievance form because your case has been filed. I will forward a copy to Dr. Warr and Medical but I do not believe that this issue can be resolved. Because Medical works off the doctor's order. I think it is not right to expect that you are hanging in our medical department with an issue you have already filed with the Courts.

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time date you acknowledge receipt of this response.

PART "C" - RECEIPT
Submitting Inmate _____ Receiving Shift Supervisor *J. J. Guyard*
10/27/07

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____
Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By _____ Date _____ Time _____

Submitted By _____ Copy Received By _____

I respectfully submit
on the 31 Day of Oct.
William Douglas

In order to eliminate pain you have to shut down, the
nurse transmitters in the Brain. At present the treatment
is no where near shutting down the "Pain receptors".
There happens to shut at 5.1 meters into
the major portion of the left hip. The entire motor function
of the right hip. With reflexes in both legs. Numbness
the Baker Cyst in both legs.
The pain meter stops it meters ends
when it stops it from expansion, plan and sample. My mind
meter shuts down its always at peak level. In my
medical records, you see that I have always suffered
from lower with sleep.
Please make this part of the record
Dr. Warr in. Begging you to get the pain under
control.

Attachment (52)

(Case # 3:07-cv-00920-MHT)

INMATE REQUEST SLIP

LOCATION 4-12Name William L. L... Date 10-29-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ Other

Briefly Outline Your Request. Give to Jailer

I need to use the law
library please.

(Do Not Write Below This Line - For Reply Only)

Request DENIED Please
submit day shift only

Approved _____ Denied ✓ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then
Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 10-29-07 Time Received 19:53

INMATE REQUEST SLIP

LOCATION 712Name William Ellis Date 10-29-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to JailerI need a Hygiene Kit please

(Do Not Write Below This Line -- For Reply Only)

Gave10/30/07S. AlvaradoApproved ☒ Denied ☐ Collect Call ☐

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 10-29-07 Time Received 19:53

070309009

IN THE DISTRICT COURT OF RUSSELL COUNTY, ALABAMA

GIFFORD SANDY G

Plaintiff

v.

ELLIS WILLIAM L

Defendant

Case No.: CS-1996-000010.01

ORDER

IT IS HEREBY THE ORDER OF THE COURT AS FOLLOWS:

HON. SUSAN HUFFSTUTLER PRESENT IN COURT.

CASE WITHDRAWN AND FILED.

DONE this 31st day of October, 2007

/s ERIC B. FUNDERBURK

DISTRICT JUDGE

INMATE REQUEST SLIP

LOCATION 512

Name William Ellis Date 11-11-07

- ☐ Telephone Call ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give to Jailer

I need a hygiene kit

(Do Not Write Below This Line - For Reply Only)

Grave

11/6/02

Sanaly

Approved ☒ Denied ☐ Collect Call ☐

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date 11-5-07 Time Received 0706

INMATE REQUEST SLIP

LOCATION G12

Name William Ellis Date 11-19-07

☐ Telephone Call

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☐ Other

Briefly Outline Your Request. Give to Jailer

I need a Lindogert Hygiene
Kit.

Also Sgt Barnes i
need some blank paper for
legal work please

(Do Not Write Below This Line - For Reply Only)

Gave hygiene kit

11/19/07

Shawley

Approved ☒

Denied ☐

Collect Call ☐

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date 11/19/07 Time Received 4:30

STATE OF ALABAMA, ex rel.,) IN THE DISTRICT COURT OF
SANDY G. GIFFORD,)
Plaintiff) RUSSELL COUNTY, ALABAMA
V.) CASE NO.: CS 96-010. /
WILLIAM ELLIS, SR.,)
Defendant)

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED BY THE COURT:

That this cause shall be and is hereby continued to
the _____ day of _____, 2002,
at 1:00 P.M., EST in Courtroom III.

That the Defendant shall contact _____ employers
and return the same completed to the Court for the
purposes of said hearing.

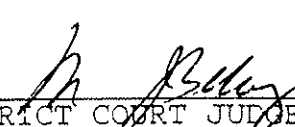
This cause shall be and is hereby Withdrawn and
Filed.

The Costs of these proceedings are hereby taxed to
the Defendant.

The Costs of these proceedings are hereby waived.

Alias Writ Case Bond 7449.49
Instantly Thursday 1:30 PM. E.S.T.

DONE, this the _____ day of _____
2002.


DISTRICT COURT JUDGE

PLAINTIFF'S SOCIAL SECURITY NUMBER: 
DEFENDANT'S SOCIAL SECURITY NUMBER: 

FILED IN OFFICE
SEP 20 AM 9:15
RUSSELL COUNTY, AL

P 061005009

ORDER

CASE # TR01-2

STATE OF ALABAMA
VS.

William Larius Ellis
DEFENDANT

CHARGE: DUI / Susp

PLEA OF DEFENDANT: PL

ADJUDICATION: GUILTY NOT GUILTY

DISMISSED NOL PROSSED

FINE: 100 VCF: PLUS COURT

SENTENCE: DAYS HARD LABOR TO
 DAYS HARD LABOR SUSPENDED FOR 2

INCARCERATION FEE: YES PER DAY

DUI PROGRAM: YES

COMMUNITY SERVICE: # OF HOURS

ATTORNEY: \$ 373

OTHER: pay or serve
or serve (373)

AND COSTS MUST BE PAID ON OR BEFORE
OR DEF

RESIDENT TRANSACTION REPORT

Page 1 of 2

Russell County Jail
10/10/07 17:05
ST 001 / OPR LH



NAMENUMBER : 49172
Resident Name : ELLIS, WILLIAM
Time Frame : 03/17/2007 00:49 - 10/10/2007 17:01

Date	Time	Type	ST	OPR	Receipt #	Amount
03/17/2007	00:49	Reopen-Cash	1	Moore	A122180	0.00
03/17/2007	00:49	Order-Swanson-Indigent	1	Moore	A122181	1.50
03/17/2007	00:49	Receivable Write off	1	Moore	A122182	1.50
03/24/2007	23:28	Order-Swanson-Indigent	1	jr	A122546	1.50
03/24/2007	23:28	Receivable Write off	1	jr	A122547	1.50
04/07/2007	01:15	Order-Swanson-Indigent	1	gt	A123517	1.50
04/07/2007	01:15	Receivable Write off	1	gt	A123518	1.50
04/17/2007	01:19	Add-Cash	1	kls	A124073	40.00
04/19/2007	20:30	Receivable Charge	1	smpm	A124145	5.00
04/19/2007	20:30	Receivable Payment-Resident	1	smpm	A124145	5.00
04/19/2007	20:30	Receivable Realize	1	smpm	A124145	5.00
04/19/2007	20:30	Receivable Charge	1	smpm	A124145	5.00
04/19/2007	20:30	Receivable Payment-Resident	1	smpm	A124145	5.00
04/19/2007	20:30	Receivable Realize	1	smpm	A124145	5.00
04/20/2007	19:47	Order-Swanson	1	CO16	A124229	27.24
04/20/2007	19:47	Order-Swanson-Sales Tax	1	CO16	A124229	2.18
05/02/2007	11:00	Swanson Credit	1	edg	A124848	1.39
05/02/2007	11:00	Credit-Swanson-Sales Tax	1	edg	A124848	0.11
05/05/2007	01:34	Order-Swanson	1	coo32	A125080	1.31
05/05/2007	01:34	Order-Swanson-Sales Tax	1	coo32	A125080	0.10
05/11/2007	20:35	Order-Swanson	1	kls	A125299	0.52
05/11/2007	20:35	Order-Swanson-Sales Tax	1	kls	A125299	0.04
05/18/2007	20:44	Order-Swanson-Indigent	2	co52	B361	1.50
05/18/2007	20:44	Receivable Write off	2	co52	B362	1.50
05/25/2007	21:57	Order-Swanson-Indigent	2	CP	B707	1.50
05/25/2007	21:57	Receivable Write off	2	CP	B708	1.50
05/30/2007	09:32	Cashier-Cash In	4	cobra	D70	97.25
06/01/2007	21:30	Order-Swanson	1	gt	A126446	91.60
06/01/2007	21:30	Order-Swanson-Sales Tax	1	gt	A126446	5.22
06/08/2007	20:35	Order-Swanson	2	CP	B943	0.44
06/14/2007	20:09	Receivable Charge	1	smpm	A126710	5.00
06/14/2007	20:09	Receivable Payment-Resident	1	smpm	A126710	0.02
06/14/2007	20:09	Receivable Realize	1	smpm	A126710	0.02
06/14/2007	20:09	Receivable Charge	1	smpm	A126710	5.00
06/15/2007	20:49	Order-Swanson-Indigent	2	co52	B1093	1.50
06/15/2007	20:49	Receivable Write off	2	co52	B1094	1.50
06/22/2007	18:25	Order-Swanson-Indigent	1	33	A126995	1.50
06/22/2007	18:25	Receivable Write off	1	33	A126996	1.50
06/29/2007	21:42	Order-Swanson-Indigent	1	gt	A127369	1.50
06/29/2007	21:42	Receivable Write off	1	gt	A127370	1.50
07/06/2007	21:43	Order-Swanson-Indigent	1	jpt	A127651	1.50
07/06/2007	21:43	Receivable Write off	1	jpt	A127652	1.50
07/13/2007	19:26	Order-Swanson-Indigent	1	jr	A127841	1.50
07/13/2007	19:26	Receivable Write off	1	jr	A127842	1.50
07/20/2007	21:33	Order-Swanson-Indigent	2	CP	B1420	1.50
07/20/2007	21:33	Receivable Write off	2	CP	B1421	1.50
07/27/2007	20:02	Order-Swanson-Indigent	1	co27	A128356	1.50
07/27/2007	20:02	Receivable Write off	1	co27	A128357	1.50
08/03/2007	11:35	Cashier-Cash In	4	cobra	D695	47.25
08/03/2007	11:35	Receivable Payment-Resident	4	cobra	D696	4.98
08/03/2007	11:35	Receivable Realize	4	cobra	D696	4.98
08/03/2007	11:35	Receivable Payment-Resident	4	cobra	D696	5.00
08/03/2007	11:35	Receivable Realize	4	cobra	D696	5.00
08/03/2007	19:18	Order-Swanson	1	jpt	A128563	30.37
08/03/2007	19:18	Order-Swanson-Sales Tax	1	jpt	A128563	0.90
08/06/2007	21:24	Add-Cash	1	Moore	A128695	20.00
08/10/2007	19:46	Order-Swanson	1	co27	A128750	7.62
08/10/2007	19:46	Order-Swanson-Sales Tax	1	co27	A128750	0.61

RESIDENT TRANSACTION REPORT

Page 2 of 2

Russell County Jail
10/10/07 17:05
ST 001 / OPR LH



NAMENUMBER : 49172
Resident Name : ELLIS, WILLIAM
Time Frame : 03/17/2007 00:49 - 10/10/2007 17:01

Date	Time	Type	ST	OPR	Receipt #	Amount
08/17/2007	22:54	Order-Swanson	2	CP	B2065	14.25
08/17/2007	22:54	Order-Swanson-Sales Tax	2	CP	B2065	0.34
08/24/2007	19:26	Order-Swanson	2	Moore	B2249	3.19
08/25/2007	09:49	Cashier-Cash In	4	cobra	D1000	7.25
08/31/2007	22:19	Order-Swanson	2	CP	B2597	6.49
08/31/2007	22:19	Order-Swanson-Sales Tax	2	CP	B2597	0.26
09/06/2007	20:19	Receivable Charge	2	smpm	B2770	5.00
09/06/2007	20:19	Receivable Payment-Resident	2	smpm	B2770	0.14
09/06/2007	20:19	Receivable Realize	2	smpm	B2770	0.14
09/06/2007	20:19	Receivable Charge	2	smpm	B2770	10.00
09/07/2007	21:27	Order-Swanson-Indigent	1	co27	A129300	1.50
09/07/2007	21:27	Receivable Write off	1	co27	A129301	1.50
09/14/2007	21:23	Order-Swanson-Indigent	1	CP	A129623	1.50
09/14/2007	21:23	Receivable Write off	1	CP	A129624	1.50
09/21/2007	21:05	Order-Swanson-Indigent	2	43	B3218	1.50
09/21/2007	21:05	Receivable Write off	2	43	B3219	1.50
09/28/2007	22:35	Order-Swanson-Indigent	2	43	B3647	1.50
09/28/2007	22:35	Receivable Write off	2	43	B3648	1.50
10/05/2007	20:41	Order-Swanson-Indigent	1	gt	A130109	1.50
10/05/2007	20:41	Receivable Write off	1	gt	A130110	1.50

Exhibit B
Affidavit of Tina Riley

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION**

WILLIAM LANIER ELLIS, SR.,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 3:07-cv-920-MHT-SRW
)	
RUSSELL COUNTY JAIL, et al.,)	
)	
Defendants.)	

AFFIDAVIT OF TINA RILEY

STATE OF ALABAMA)	
)	
COUNTY OF RUSSELL)	

1. My name is Tina Riley. I am over the age of nineteen years and am competent to execute this affidavit, which is based on my personal knowledge, training and experience.

2. I am a licenced nurse (L.P.N.) at the Russell County Jail, Russell County, Alabama, and was employed in that position at all times relevant to Plaintiff's Complaint.

3. I have reviewed the Plaintiff's Complaint filed in this matter. I have some personal knowledge of the facts stated in the Complaint.

4. It is the policy of the Russell County Sheriff's Department that the Jail personnel provide timely medical treatment to inmates. Forms on which medical requests may be related to the Jail staff are readily available in the Jail. Inmates are furnished these forms at any time they request one. An exception exists for requests of an emergency nature, which may be made orally. Members of the Jail staff are charged with responding to such requests. Copies of all medical request forms are placed in an inmate's medical file. In an emergency situation, the Jail personnel have the authority to send inmates to the jail infirmary immediately.

5. It is a violation of the policies of the Russell County Jail to deny necessary medical attention, care or medication to an inmate.

6. It is the policy of the medical staff of the Russell County Jail that patients are not given any medication that contains a narcotic ingredient.

7. At the time the Plaintiff was most recently transferred in to the Russell County Jail from the Muscogee County Jail, I did a fresh admission screening. I also obtained the Plaintiff's medical records from the Lee County Jail. The only medication the Plaintiff brought with him from Muscogee County was phenobarbital. The Plaintiff did not bring any prescriptions with him, and the Plaintiff never asked me to call a doctor or pharmacist and check on any prescriptions.

8. Phenobarbital is a seizure medication. The Plaintiff's prescription was for 30mg three times a day. At intake, he informed us that he had been taking 60mg three times a day. The Lee County Jail had reduced his dosage to 60mg twice a day. We increased his dosage to 64.8mg twice a day. The Plaintiff has never complained of seizures while in the Russell County Jail.

9. During the Plaintiff's incarceration, we provided him with a great deal of tylenol, motrin, and other pain relivers.

10. In June, Dr. Warr started the Plaintiff on Tramadol and Naproxin, anti-inflammatory pain relievers. In August Dr. Warr started the Plaintiff on Buspar, an anti-depressant.

11. In response to his complaints of back pain, I gave the Plaintiff a blue mattress, which is an extra-thick mattress.

12. I do not know what a medical prescription ledger is, and no such document is kept in the regular course of business at the Russell County Jail. When regular medications are dispensed at the Jail, the inmate is asked to initial a Medication Administration Record. If the inmate refuses to do so, I indicate "refuses to sign" on that document.

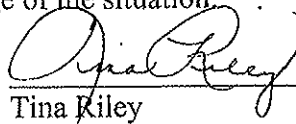
13. On one occasion when the Plaintiff was being examined by Dr. Warr in the Jail infirmary, the Plaintiff was complaining to Dr. Warr that he had not been indicted, as well as voicing other complaints about his case. I offered to call the district attorney's office to find out the status of his case for him. The Plaintiff responded "Would you, please?" I did in fact telephone the district attorney's office and found out the status of the Plaintiff's case and relayed that information to the Plaintiff.

14. On June 11th, Dr. Warr asked me to get a copy of CAT scan and MRI reports that the Plaintiff had performed in 2005. I got those documents from MedCare in Columbus. I have never received any documents from a Dr. Andrew Mecca, and I have no knowledge of said doctor.

15. I do not prescribe treatment or medication for inmates, nor do I diagnose their injuries or ailments. However, due to a shoulder injury, Dr. Warr has trouble writing, and his handwriting is difficult to read. Therefore, I will frequently write Dr. Warr's orders upon his direction, and Dr. Warr then reads them for accuracy and signs them.

16. I certify and state that the medical documents provided to the Court which are attached to the Defendants' Special Report are true and correct copies of the Plaintiff's health records, kept at the Russell County Jail in the regular course of business.

17. I affirm, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.


Tina Riley

SWORN TO and SUBSCRIBED before me this 4 day of January, 2008.


NOTARY PUBLIC
My Commission Expires: 6/25/08

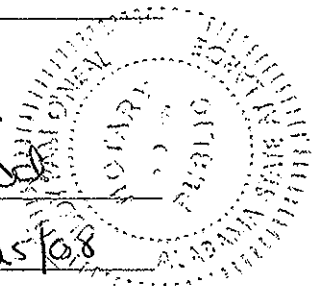


Exhibit C
Medical File of William Lanier Ellis, Sr.

Intake Screen

Approx. date of any prior record here: _____

Name: William EllisDOB: 5/9/70Date: 3-9-07

Apparent mental status of the patient (check one):

☒ Normal
 ☐ Confused
 ☐ Agitated
 ☐ Intoxicated
 ☐ Drugged
 ☐ Strange

Any evidence of injury, active health problems or deformity: _____

Patient Health History (Y or N response)

Are you currently sick in any way? <u>N</u>	Do you have heavy sweating at night for no reason when it's not hot? <u>Y</u>	Do you have HIV infection or think you might have it? <u>N</u>
Do you have a fever that won't go away? <u>N</u>	Have you lost more than 10 pounds of weight during the last 6 months? <u>Y</u>	Any symptoms which might indicated sex-related disease? <u>N</u>
Are you currently taking any prescribed Medications? (Liste below) <u>Epileptic Seizures</u>	Have you ever had a heart attack or any other heart trouble? <u>N</u>	Have you ever intentionally hurt yourself or tried to take your own life? <u>N</u>
Have you ever had any kind of cancer? <u>N</u>	Do you have high blood pressure? <u>N</u>	Would you ever try to take your own life? <u>N</u>
Do you have diabetes? <u>N</u>	Do you have chest pain with exercise or other chest pain? <u>N</u>	Do you feel like you would like to die? <u>N</u>
Do you have seizures or blackouts? <u>Y</u>	Have you had bleeding from your stomach, bowels, or kidneys? <u>N</u>	Do you see people or things other can't see or hear voices others can't hear? <u>N</u>
Have you ever had a stroke? <u>N</u>	Do you have shortness of breath or trouble breathing? <u>N</u>	Females: Are you pregnant or could you be pregnant? <u>N</u>
Do you have any eye problems? (List below) <u>Y</u>	Do you have asthma? <u>N</u>	On how many days of the past month have you consumed alcohol? <u>N</u>
Do you have a cough that won't leave up? <u>Y</u>	Do you have kidney disease or failure or had kidney dialysis? <u>N</u>	On how many days of the past month have you used drugs? <u>N</u>

Comments: 4 Rupture DiscMedications: Zantac 1mg 2x a day phenobarbital 7/6msl 3 x twice a dayAllergies: penicillinReason for any recent physician visits: 1st Wednesday for his back and anxietyList surgeries: Collaps 2 twice

Describe any prior hospitalizations: _____

Drugs you have used: mwRecommended housing or activity restrictions: mwMedical management plans: mwHealth insurance: mwBooking Officer: Ab LissetInmate: x 600000Medical Staff: McDonnell

Ab 60mg x 45 tabs brought from MCT Chem

PLG-041

MEDICATION ADMINISTRATION RECORD

MEDICATIONS

HOUR

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Pb 60mg
one 3xday

0800 ^{WT}
1400
2000

125/74
125/60
125/60

PROPERTY OF INDIANAPOLIS POLICE DEPARTMENT

SPECIAL AGENT

	1	2	3	4	5	6	7	8	9	10	
B											
L											
S											
BT											
	11	12	13	14	15	16	17	18	19	20	
B											
L											
S											
BT											
	21	22	23	24	25	26	27	28	29	30	31
B											
L											
S											
BT											

March 2007
Dr. [Signature]

HARTING FOR		THROUGH		Telephone No.		Medical Record No.	
Physician				Alt. Telephone			
Allergies				Rehabilitative Potential			

Medicaid Number		Medicare Number		Approved By Doctor:		Title:		Date:	
RESIDENT		Ellis, William		D.O.B. 05-07-70		Sex M		Room #	
						Patient Code		Admission Date	



E-mail:
tcsco@mindspring.com

SHERIFF OF LEE COUNTY

JAY JONES

P.O. BOX 688
OPELIKA, AL 36803-0688



Phone (334) 749-5651
Fax (334) 749-4835

Lee County Detention Center

Fax Cover Sheet

Ellis, William

Date: *03/13/07*

Time: *1:30*

Attention: *Nurse Tina* *111* *CCHP*

RE: *Ellis, William*

Number of Pages: *1*

From: Medical Department
Nursing Staff

Phone: (334) 737-3590 or 3591

Fax: (334) 737-3574

Stewart *4th* *CCHP*
Smile *↑*

334 297-5130

NOTES

NAME Ellis William SS# 260-23-9248
DOB: 5/9/70 AGE: 36 SEX: M RACE W
DRUG ALLERGIES: _____ TETNUS: _____
NATURE OF PROBLEM OR REQUEST: Long Hx of Phenobarbital
use

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

1702
finner 5.000

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

11/21/06 Lee County Detention Center William Ellis #260239248

This 36 YOWM has a number of pains and problems. He was in the Russell County Jail for 45 days. He was on Phenobarbital 30 mg t.i.d. there. At home he took 60 mg t.i.d. for apparent seizure disorder from an injury in 1991. He also has chronic back pains. He hurts in his chest from where he had a pneumothorax.

Physical Exam: On exam today, he has a normal comfortable gait. HEENT: PERRL; TM's and ear canals are clear. Mouth and throat are clear. Only fair hygiene. HEART: Regular. LUNGS: Clear with good breath sounds bilaterally.

Impression: History of seizure disorder and pain issues.

Plan: Phenobarbital 60 mg b.i.d. We will see about getting records from his doctors.

PLAN:

REFER TO: PA PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____ TITLE MD DATE 11/21/06 TIME 0930

JOHN H McFARLAND MD

AM8104894

AL 11404

JOHN H McFARLAND MD

noted by [signature]

NOTES

NAME Ellis William SS# 260-23-9248
DOB: 5/9/70 AGE: 36 SEX: M RACE W
DRUG ALLERGIES: Ø PCN TETNUS: _____
NATURE OF PROBLEM OR REQUEST: Rash over Body

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

12/13/06 Lee County Detention Center Ellis Williams #260239248

This 36 YOWM has a rash that is itching. He is putting anything that he can think of on it, nothing helps.

Physical Exam: He has a little folliculitis rash on his upper chest and back. He doesn't have anything on his wrists or hands. There is nothing around his nipples. It doesn't look like scabies.

Impression: Folliculitis with pruritus.

Plan: Will put him on Doxycycline 100 mg b.i.d. for ten days and will give him a short burst of Prednisone for the itching 20 mg b.i.d. for five days. Recheck in two weeks if needed. He can have some antifungal cream for the rash on his toes.

PLAN:

put him on Doxycycline - 100 mg x 10d
Prednisone 20 mg x 5d

REFER TO: _____ PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____ TITLE _____ DATE 12-13-06 TIME 10:11

JOHN H. FARLAND MD
AMB 104894
AD 11404

NOTES

NAME Ellis William SS# 260-23-9248
DOB: 5/9/70 AGE: 36 SEX: M RACE W
DRUG ALLERGIES: PCN, AWD, NSAID TETNUS: _____
NATURE OF PROBLEM OR REQUEST: ✓ Lt. Ankle

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE _____

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

01/09/07 Lee County Detention Center

Ellis, William 260-23-9248

Assessment: 36 y/o white male. Injured his left foot Thursday. He stepped through a pallet that he was standing on.

Exam: He a fairly comfortable gait he just seems to guard the left ankle. He is tender in the anterior aspect of the ankle. He is not tender at the base of the 5th metatarsal at all. The skin is intact. Neurovascular is intact.

There is no tenderness in either malleoli. He hyper extends his ankle and points to a bony prominence that is a "knot" that he says is it isn't there on the other side although it is a normal bony prominence.

Impression: left ankle sprain, possible interosseous ligament sprain.

Plan: We'll keep it in an ace wrap and limited weight bearing. We'll make an X-ray of this. Recheck after the X-ray. Tylenol 500 mg 2 bid #20.

PLAN:

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____ TITLE MD DATE 1-9-07 TIME 6:40

JOHN H McFARLAND MD
AM8104894
AL 1404

1/9/07 xray completed

NOTES

NAME Ellis, William SS# 260-23-9248
DOB: 5/9/70 AGE: 36 SEX: M RACE W

DRUG ALLERGIES: PCN^o, Avid NSAID's TETNUS: _____

NATURE OF PROBLEM OR REQUEST: re v ankle p & x-ray

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

1/16/07 Lee County Detention Center Ellis, William

Assessment: This 36 y/o white male is here today for a follow up of a left ankle sprain.

Exam: He is still tender in the anterior aspect of the ankle at the interosciuous membrane. He also says his back is hurting.

Impression: Left ankle sprain, healing. Backache.

Plan: We'll give him Flexeril 10 mg po bid #20 and we'll also see if the Mental Health Officer can help him with his anger management and pain issues. Recheck as needed.

PLAN:

REFER TO: _____ PA/PHYSICIAN _____ (MENTAL HEALTH) _____ DENTAL _____

SIGNATURE _____ TITLE MD DATE 1/16/07 TIME 0831

JOHN H. McFARLAND MD
AM 104894
AL 11404

NOTES

NAME: Ellis, William SS#: 260-23-9248
DOB: 5/19/73 AGE: 36 SEX: M RACE: W
DRUG ALLERGIES: PCN, AVOID (NSAID) TETANUS:
NATURE OF PROBLEM OR REQUEST: Still CD + back,
out of focus on foot

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

02/01/07 Lee County Detention Center Ellis, William 260-23-9248

Assessment: This 36 y/o white male is here because he has more of his chronic back pain with pain going down in his left posterior lateral leg. He said that the best thing that worked for his last was Methadone. He shows me a rash that has broken out. He has a folliculitis of his chest and a little lesion on his right little finger. He has a limited range of motion of his back. He can bend over and reach his arms down only as far as his knees. He cannot touch the floor. Straight leg raise is negative with good and bilateral equal knee and ankle reflexes.

Impression: Chronic back pain, Folliculitis.

Plan: We'll put him on Prednisone 20 mg bid for 5 days that may help his back as well as the folliculitis. We'll recheck him in one week if needed.

PLAN:

*Pr Prednisone 20mg bid
red line on*

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____ TITLE MD DATE 2/1/07 TIME 0958

JOHN H MCCHARLAND MD
AMB104896
AL 11404

NOTES

NAME Ellis William SSN 260-23-9248
DOB: 5/9/71 AGE: 36 SEX: M RACE: W
DRUG ALLERGIES: Pen, amoxicillin (none)
NATURE OF PRIOR EM OR REQUEST: 7/16 E PhD. TP.
Back pain

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

1724

SUBJECTIVE

OBJECTIVE: RP P P T Q

ASSESSMENT

2/6/07 Lee County Detention Center Ellis, William
Assessment: 36 y/o white male is here because he has some of his personal property medical records to be reviewed. He shows me a note from 11/6/2000 from Dr. George Parker reporting an MRI that showed no nerve impingement on either side but some bulging of the disc between L4-5 and L5-S1. I read a bunch of records from his personal effects that included some Florida and Georgia jail and legal papers. It did not include a copy of his 8/05 MRI that he had in Columbus. We'll see if we can get that copy.
In the mean time he says that the steroid 5-day burst helped his rash.
Plan: We will see the Mental Health officer and Mental Health have anything to offer in regards to his chronic pain and adjustment to it and possible component of depression. We will get records. Recheck as needed following that.

PLAN:

DEPT: MC PHYSICIAN: MC MENTAL HEALTH: MC DENTAL: MC

SIGNATURE

JOHN H. McFARLAND MD
AM8104894
AL 10404

TIME pm DATE 2/6/07 TIME 0947

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A-23
LOCATION

Name William Ellis Date 3-22-07

MEDICAL

Nature of complaint or illness:

Mrs. Riley is need some
papers for my legal work
i wear glasses all the
time

Mr. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Referred to Mrs. Pelfrey

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 03/22/07

Time Received 30:30

Officer

AME Davis RN

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A-22
LOCATIONName W. V. J. D. Date _____**M E D I C A L**

Nature of complaint or illness:

Could flex knee - knee is
PS - Dr. J. J. J.
M. J. J.

Sign here for consent
to be treated by health staff: _____

(Do Not Write Below This Line - For Reply Only)

Unable to read
due to poor penmanship

DOCTOR ☐DENTIST ☐OTHER ☐Date 4/1/7 Time Received 0745Officer Clotman

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A23
LOCATION

Name William Ellis Date 3-27-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol and
something for sinus thanks

Mr Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Sinus tabs x2

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 3-27-07 Time Received 2:35

William Ellis

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

Name Willie Ellis Date 3-28-07 LOCATION _____

M E D I C A L

Nature of complaint or illness:

I need some
Lybrol

Thanks

Mr Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Mylenal KZ

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 3-28-07 Time Received 2026

Officer Hunter

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 3-29-03

MEDICAL

Nature of complaint or illness:

I need some Tylenol
for a headache and i need
Mr. Johnson to check
on my glasses

Mr. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line -- For Reply Only)

Tylenol X2

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 3-29-07 Time Received 2123

Officer H. L. L. L.

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION A23

Name

Date

William Ellis 3.31-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol for
a head ache please, and something
for heart burn

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol x2
Antacids x2

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date

Time Received

Officer

MEDICATION ADMINISTRATION RECORD

MEDICATIONS

XEN 500MG TABLET
ONE TABLET BY MOUTH
AT BEDTIME

PHENOBARBITAL 64.8MG TABL
TAKE 1 TABLET BY MOUTH
TWICE DAILY.

Cold combo pack
1 pack Juice daily
(x 5 days)

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	03/13/07					03/12/08																									
2000																															
0800																															
2000																															
0800																															
2000																															

	1	2	3	4	5	6	7	8	9	10
B										
L										
S										
BT										
	11	12	13	14	15	16	17	18	19	20
B										
L										
S										
BT										
	21	22	23	24	25	26	27	28	29	30
B										
L										
S										
BT										
	31									

CHARTING FOR	04/01/07	THROUGH	04/30/07	PAGE	1 OF 1
Physician	WARR, STURGEON	Telephone No.	334-298-8621	Medical Record No.	580540
Alt. Physician	WARR, STURGEON	Alt. Telephone	334-298-8621		
Allergies		Rehabilitative Potential			

Medicaid Number	Medicare Number	Approved By Doctor:	Title:	Date:
RESIDENT	ELLIS, WILLIAM	By:		
		D.O.B.	Sex	Room
		05/09/1970	M	RJ40
		Patient Code	ELWILL	Admission Date
				10/10/06

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 4-11-07

MEDICAL

Nature of complaint or illness:

I need something for sinus + headache
I have been trying to get something
since Monday

Mr. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and Gaviscon

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 11 April '07 Time Received 1900

Officer

Schroeder

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A23
LOCATION

Name

Date

William Ellis 4-12-07

M E D I C A L

Nature of complaint or illness:

I need something for
allergies, i been asking all
week i really need something
Mr. Ellis

Sign here for consent

to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given med 04/11
per request
Muggrey X2

DOCTOR ☐DENTIST ☐OTHER ☐

Date 12 April 07 Time Received 1900

Officer

S.H. /

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

11-23
LOCATION

Name William Ellis Date 4-13-07

MEDICAL

Nature of complaint or illness:

Could i please get a
couple packs of antacid
i have heart burn

Mr. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Antacids tabs x2

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 4-13-07 Time Received 0915

Officer C/O PARITZELL

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 4/17/07

MEDICAL

Nature of complaint or illness:

I need some Tylenol
for my ear please

W. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line – For Reply Only)

Given Tylenol

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 17 April 07 Time Received 1900

Officer

Schmidt

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 4-

MEDICAL

Nature of complaint or illness:

I need something for
a head ache please

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 4-5-07 Time Received 1410

Officer 170 PAMTBELL

INMATE REQUEST FORM
Prentiss Griffith Detention Facility

NAME William Ellis Date 4-22-07 LOCATION A-23

MEDICAL

Nature of complaint or illness:
I need some Tylenol and antacid
Please.

Shankes
W. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol x2
Antacid

DOCTOR ☐ DENTIST ☐ OTHER ☐

Time Received 1100

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A-23
LOCATION

Name William Ellis Date 4-29-07

M E D I C A L

Nature of complaint or illness:

I need some tylenol please.
for my earache

Thank you
[Signature]

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol X2

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 04-29-07 Time Received 1943

Officer

[Signature]



HEIDEN PHARM INFUSAL SOLUTIONS GROUP 800-635-0077

SPECIAL A-33

MEDICATIONS

PHEN 500MG TABLET
 TAKE 1 TABLET BY MOUTH
 AT BEDTIME

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
03/13/07	03/12/08																														
2000																															
0800																															
2000																															

PHENOBARBITAL 64.8MG TABL
 TAKE 1 TABLET BY MOUTH
 TWICE DAILY.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
B																															
L																															
S																															
BT	RB	FB	FB																												
B																															
L																															
S																															
BT	FB	FB	FB																												
B																															
L																															
S																															
BT	FB	FB	FB																												

STARTING FOR	05/01/07	THROUGH	05/31/07	PAGE	1 OF 1
Physician	WARR, STURGEON	Telephone No.	334-298-8621	Medical Record No.	580540
Alt. Physician	WARR, STURGEON	Alt. Telephone	334-298-8621		
Allergies		Rehabilitative Potential			

Diagnosis	Medicaid Number	Medicare Number	Approved By Doctor:	Title:	Date:
RESIDENT	ELLIS, WILLIAM	05/09/1970	M	RJ40	ELWILL

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

4-23
LOCATIONName William E. [Signature] Date 5-2-07**M E D I C A L**

Nature of complaint or illness:

I need some tylenol
please on my back[Signature]Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Writing Illegible
Tylenol x2DOCTOR ☐DENTIST ☐OTHER ☐Date 05/02/07 Time Received 1949Officer [Signature]

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION A-25

Name William Ellis Date 3-4-07

MEDICAL

Nature of complaint or illness:

I need some tylenol for my
back pain please

Mr. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Reg rec 05/05/07

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 5/4/7 Time Received 1955

Officer cl. B. L. Brown

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 5-6-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol please
my back and legs are
hurting me.

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol x2

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 5/6/7 Time Received 1835

Officer 10 B. L. 6043

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 5-6-09

MEDICAL

Nature of complaint or illness:

I need some tylenol for
my back and legs they really
bothering me.

W. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Order from store
Tylenol x2

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 5/7/7 Time Received 1910

Officer C. Tarrar

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A-23
LOCATION

Name William Ellis Date 5-8-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol please
for my back and legs.

[Signature]

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 05/8/07 Time Received 1247

Officer CGM

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A-23
LOCATION

Name William Ellis Date 5-9-07

MEDICAL

Nature of complaint or illness:

I need something for heart
burn please

Mr. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

See the doctor
Requesting too frequently

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 5/9/7 Time Received 2030

Officer C/O Gibbons

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A-23
LOCATIONName William Ellis Date 5-29-07**MEDICAL**

Nature of complaint or illness:

I need some tylenal for
my headache and something
for upset stomachMr. EllisSign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and AdvilDOCTOR ☐DENTIST ☐OTHER ☐Date 29 May 07 Time Received 1800Officer Schrank

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ROXEN 500MG TABLET			03/13/07		03/12/08																												
ONE TABLET BY MOUTH																																	
AT BEDTIME																																	
PHENOBARBITAL 64.8MG TABL		2000	w w																														

B	1	2	3	4	5	6	7	8	9	10
L	1	5ma	1	1	1	1	5mg		1A	
S	1		1							
BT	1	1	1	FB	FB	AB	AB	FB	FB	FB
B	11	12	13	14	15	16	17	18	19	20
L	1	1	1	1	1	5ma	1	1	1	1
S	1									
BT	1	RB	FB	FB	FB	1	1	FB	FB	1
B	21	22	23	24	25	26	27	28	29	31
L	1	1	1	1	1	1	1	1	1	1
S	1									
BT	1	FB	FB	FB	1	1	FB	FB	1	1

HARTING FOR	06/01/07	THROUGH	06/30/07	PAGE	1 OF 1
Physician	WARR, STURGEON	Telephone No.	334-298-8621	Medical Record No.	580540
Physician	WARR, STURGEON	Alt. Telephone	334-298-8621		
ergies		Rehabilitative Potential			

agnosis		Approved By Doctor:		Title:	Date:
Medicaid Number	Medicare Number	By:			
RESIDENT	ELLIS, WILLIAM	D.O.B.	05/09/1970	Sex	M
		Room	RJ40	Patient Code	ELWILL
		Admission Date	10/10/06		

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION A-23

Name William Ellis Date 6-2-07

MEDICAL

Nature of complaint or illness:

I need some tylenol
for my back and something
for upset stomach

W. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

gave paracetamol + ALDOXICON
c/o Gibbons

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 6-2-7 Time Received 1930

Officer c/o Gibbons

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

123
LOCATION

Name William E. De Date _____

M E D I C A L

Nature of complaint or illness:

I need some Tylenol for
the cramps in my back
and legs.

Sign here for consent
to be treated by health staff: _____

(Do Not Write Below This Line - For Reply Only)

Tylenol R

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 5/31 Time Received 1915

Officer C. A. Tarker

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

4-22
LOCATION

Name William Ellis Date 6-4-07

M E D I C A L

Nature of complaint or illness:

I need some Tylenol for
my back and legs.

YMN

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol x 2

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 6/4/07 Time Received 1935

Officer 210

INMATE REQUEST FORM
Prentiss Griffith Detention Facility

William Ellis
Date 6-10-07
LOCATION A-23

MEDICAL

Nature of complaint or illness:
I need some Tylenol for my
back and legs please

Sign here for consent
to be treated by health staff:
(Do Not Write Below This Line - For Reply Only)

Tylenol X2

DOCTOR ☐ DENTIST ☐

Time Received 1930

INMATE REQUEST FORM

Premiss Griffith Detention Facility

A-23
LOCATION

Name

W. Ellis

Date

6-11-07

M E D I C A L

Nature of complaint or illness:

I need some Tylenol and
something for upset
stomach

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 11 June 06

Time Received

1900

Officer

Schraack

Receivable Charge
Receipt # A126710

Russell County Jail
06/14/2007 20:09:21
ST 001 / GPR SMPM

ELLIS
WILLIAM

NAMENUMBER : 49172
Date of Birth : 05/09/1970
Location :

MEDICAL CHARGE FORM

William

RACE/SEX *W/M*

CELL *A Max*

Physician Visit : Old Bal : \$0.00
Charged : \$5.00
Collected : \$0.00
New Bal : \$4.98

Comment : 06/11/07

Prescription : Old Bal : \$0.00
Charged : \$5.00
Collected : \$0.00
New Bal : \$5.00

Total Collected : \$0.02

SERVICES & FEES

\$ 5.00

\$ 5.00

\$ 5.00

\$ 5.00

N/C

R MEDICATION

\$

SERVICES RENDERED

\$

1000

MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date

6/11/07

Inmate Signature & Date

6-11-07

William Ellis

Inmate Account Payable Clerk Signature & Date

PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES

PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES

INMATE REQUEST SLIP

Name Mr Ellis Date 6-12-07 LOCATION 428

☐ Telephone Call ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give to Jailer

I need some Tylenol for
for a toothache,

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date 17 June 07 Time Received 1400

Jailer: Schroeder

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

123
LOCATION

Name William Ellis Date 6-16-07

MEDICAL

Nature of complaint or illness:

I need something for a
headache please. and a toothache

Mr. Ellis

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and Oral Gel

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 16 June 07 Time Received 1900

Officer Schroeder

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A-23
LOCATION

Name William Ellos Date 6-18-07

MEDICAL

Nature of complaint or illness:

Mrs. Riley I need to see the doctor
about my medicine. Its helping some with
the muscle spasms in my legs but its
not relieving pain any pain. I'm getting worse
every day. I'm staying depressed my anxiety is
through the roof. Please Mrs Riley im suffering
something has to give im begging you. William

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

6/22/07 You are currently getting
pain meds for your condition

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 6/18 Time Received 1950

Officer C/O Tanner

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

1-23
LOCATION

Name William Ellis Date 4-22-07

MEDICAL

Nature of complaint or illness:

Mrs. Kiley i need something
done in getting worse every
day now its getting in my
right leg i put in a request
Monday to you w/o response

Mr. Ellis

Sign here for consent

to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Referred to Mrs. Pelfrey

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 06/22/07 Time Received 1800

Officer

Lothian

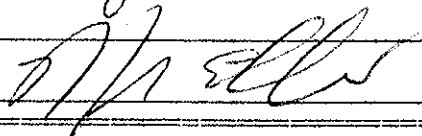
INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A-23
LOCATIONName William Ellis Date 6-24-07**M E D I C A L**

Nature of complaint or illness:

Mrs. Riley i need to see the
doctor and also i need to
be moved Sgt Moore has me
sleeping on the floor and its not
helping me at all getting up and
down off the floor.

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

6/25/07 I will speak to Sgt. Bussey
in ref to relocating you

DOCTOR ☐DENTIST ☐OTHER ☐Date 6/24 Time Received 1915Officer C/le Turner

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

A 11
LOCATION

Name William Ellis Date 1-25-07

M E D I C A L

Nature of complaint or illness:

I need some Tylenol for my
head and back.
also need Tylenol
I still need to see the Dr. and
be moved out of the 4 cell

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 25 June 07 Time Received 1906

Officer

Schwartz



RUSSELL COUNTY SHERIFF OFFICE
CORRECTIONAL HEALTH
TINA RILEY-PELFREY, LPN CCHP
TEL: (334) 298-8621 **FAX: (334) 297-5130**

FAX

TO: MED-CARE **FROM:** RUSSELL COUNTY JAIL
FAX #: **PAGES:** 2
PHONE #: **DATE:** JUNE 26, 2007
RE: RECORDS ON WILLIAM ELLIS **CC:**

 URGENT **FOR REVIEW** **PLEASE COMMENT** **PLEASE REPLY**

NOTES:



**RUSSELL COUNTY SHERIFF'S OFFICE
CORRECTIONAL HEALTH**

TINA RILEY-PELFREY, LPN CCHP
TEL: (334) 298-8621 FAX: (334) 297-5130

CONSENT TO OBTAIN MEDICAL RECORDS

I, William Ellis, hereby give my consent for
MED - CARE to release any and all
medical information pertinent to my medical history to the Prentiss L.
Griffith Detention Facility.

DOB: 050970 SSN: 260 - 23 - 9248

x William J Ellis 6-26-07
PATIENT / INMATE SIGNATURE DATE

[Signature] 6-26-7
WITNESS SIGNATURE DATE

Exhibit C – Part 2
Medical File of William Lanier Ellis, Sr.



EXAM

35yo w/o was hit by a live guile wire at house. His leg problem was leg. 180 98 132 90 P 92 R 18 LMP

Work on telephone, PT grabbed wire was shocked 2-8 foot. The main problem is the leg. PT has been on several med for epilepsy. Pain is going down back.

In acute distress Heart rate irregular. Pain on the LS spine & Tuffed side.

Office Lab ☐ UA-DIP ☐ UA-MICRO ☐ STREP ☐ MONO ☐ TUBSBS ☐

Lab Out ☐ EKG ☐ PO2 ☐ NEB ☐ VENIPUNCTURE

IX/R ☐ Injection ☐ Supplies

X 1 Phenobarbital 600mg POT #90 RY 2

IN 2 Phenytoin 300mg POT #40 RY 1

UT 3 Periodontal 1/32 1/32 1/32 1/32 #28 RY 1

4 Sani-T 100mg POT #21

Instructions: PT needs more of LS spine will call

Activity WORK ☐ YES ☐ NO

RETURN TO WORK ON:

RESTRICTIONS:

REFERRED TO:

Follow Up ☐ MEDICARE ☐ YOUR PHYSICIAN ☐ DISCHARGED

DATE: 08/08/05

TIME IN: 3:00

TX STARTED: 3:40

TX FINISHED: 4:23

TIME OUT: 4:23

DATE OF BIRTH: 05/09/70

AGE: 35

SEX: M

HOME ADDRESS: CITY STATE ZIP 5730 HODGES DR #6 COLUMBUS GA 31909

HOME PHONE: (706) 563-8175

BUSINESS PHONE:

PERSON RESPONSIBLE FOR BILL: WILLIAM ELLIS

ADDRESS: RELATIONSHIP: S

SOCIAL SECURITY NUMBER: 260-23-9248

INSURANCE: CASH

PRIVATE PHYSICIAN: NONE

PLACE OF EMPLOYMENT OF RESPONSIBLE PARTY:

ALLERGIES: PCN, ASPIRIN

ANTI INFLAMATORIES

DATE OF INJURY: NONE

LAST TETANUS: UNK

MEDS: PHENOBARBITOL

HISTORY OF PRESENT ILLNESS: NEEDS PC-P HAD ELECTRIC SHOCK 35 yom BACK PAIN - NERVE DAMAGE Lx LEG

The above information is correct to the best of my knowledge and I understand and approve authorizations.

I UNDERSTAND THAT I MIGHT BE TREATED BY A PHYSICIAN'S ASSISTANT

Relationship to Patient if not parent () Signature X William Ellis

NO APPOINTMENT
NECESSARYEIN #
04-37319765612 WHITESIDE JAD
COLUMBUS, GEOR 31904
(706) 322-2223 / FAX (706) 324-5233

154141

EXAM

Soc Hx	Occupation:	Exercise:
Smoker:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Years: Amt:
Alcohol:	<input type="checkbox"/> None <input type="checkbox"/> Yes	Amt:
PMH	Med: 8 805	
	Surg: 8	
Fam Hx	Mother:	Father:
Other:		
ROS	<input type="checkbox"/> Reviewed ROS Form	<input type="checkbox"/> Call Back <input type="checkbox"/> Done

35yo white male
+ hip + back pain
80% into hip joint +
both legs. Numbness into rt hand
PT is looking to have MRI
There is decreasing size of tumor
in rt hand.

Office Lab	<input type="checkbox"/> UA-DIP <input type="checkbox"/> UA-MICRO <input type="checkbox"/> STREP <input type="checkbox"/> MONO <input type="checkbox"/> FSBS <input type="checkbox"/>	Procedure Code	97213		
Lab Out		Procedure Code			
X/R	<input type="checkbox"/> EKG <input type="checkbox"/> PO2 <input type="checkbox"/> NEB <input type="checkbox"/> VENIPUNCTURE	Procedure Code			
Injection		Procedure Code			
Supplies		Dx	Code	Description	
1		1	959.1		
2		2	724.4	neuritis	
3		3			
4					
Instructions	Activity	WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF CHARGES	TOTAL	AMOUNT PAID
RETURN TO WORK ON:			1	70-	70
RESTRICTIONS:					
REFERRED TO:					
Follow Up	<input type="checkbox"/> MEDICARE <input type="checkbox"/> YOUR PHYSICIAN <input type="checkbox"/> DISCHARGED				
DATE:					
TIME:					
Method of Payment	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Hold				
In					
Out					
Nurse					
Staff					
Physician					

DATE	PATIENT LAST NAME	FIRST	M.I.	AGE	DATE OF BIRTH	SEX
08/22/05	ELLIS	WILLIAM		35	05/09/70	M
TIME IN	TX STARTED	HOME ADDRESS: CITY	STATE	ZIP	HOME PHONE	BUSINESS PHONE
4:35	4:40	5730 HODGES DR #6	COLUMBUS	GA 31909	(706) 563-8175	
TX FINISHED	TIME OUT	PERSON RESPONSIBLE FOR BILL	ADDRESS	RELATIONSHIP	SOCIAL SECURITY NUMBER	
5:22		WILLIAM ELLIS		S	260-23-9248	
INSURANCE	PRIVATE PHYSICIAN	PLACE OF EMPLOYMENT OF RESPONSIBLE PARTY				
CASH	NONE					

I HEREBY AUTHORIZE THE PERFORMANCE OF ANY MEDICAL OR SURGICAL PROCEDURES UNDER LOCAL OR GENERAL ANESTHESIA WHICH MAY BE ADVISED OR DEEMED NECESSARY BY MEDICARE			ALLERGIES		
I HEREBY AUTHORIZE PAYMENT DIRECTLY TO MEDICARE ANY BENEFITS DUE ME FOR THEIR SERVICES RENDERED. I RECOGNIZE AND I ACCEPT PERSONAL RESPONSIBILITY FOR ANY BALANCE REMAINING AFTER PAYMENT OF SUCH BENEFITS.			PCN, ASPIRIN		
CHIEF COMPLAINT	BALANCE	VOUCHER	ACCOUNT NO.	DATE OF INJURY	ANTI INFLAMATORIES
35yo white male	.00	158792	52993.0	NONE	
HISTORY OF PRESENT ILLNESS				LAST TETANUS	LINK
peracet, Xanax, and soma					MEDS
needs enough for a month pt has					PHENOBARBITOL
no ins					
The above information is correct to the best of my knowledge and I understand and approve authorizations.					
I UNDERSTAND THAT I MIGHT BE TREATED BY A PHYSICIAN'S ASSISTANT.					
Relationship to Patient if not parent () Signature X					

**RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM**

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Submitted By:	Received By:
Inmate's Name (last name first) <i>William L. Ellis Jr.</i>	CO's Name & ID Number <i>Ch. Ingerson 32</i>
Housing Assignment	Shift Assignment

PART "A" INMATE REQUEST

On 3-9-07 i was ad mitted to the institution, when i came from Muscogee County Jail, upon arriving the medical staff were well aware of my injuries to my back. Coming from another facility i was on something for pain and something for

Grievant (Inmate) Signature _____

PART "B" - RESPONSE

4/26/07 Received Grievance Form, Referred to Nurse Pelkey for Dr. Warr's Review. L. Nallard

6/26/07 Will schedule to be seen by Dr. Warr on next sick call. Given blue mattress for added comfort and aid in pain. Also moved to a cell with bunk per request of inmate. According to medical records from Lee County, was not taking any type of medications for back. Relying on MRI report from Med-Care

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To _____	Date _____ Time _____
Submitting Inmate _____	Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____	Date _____ Time _____
Witness _____	Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By _____ Date _____ Time _____

Submitted By _____ Copy Received By _____

for my legions, also something for my
 army. The legions have had for 20 years
 also the chronic anxiety. Which all of this
 is documented in my medical records.

Mr. Riley and Dr. Wan automatically

cut my legions medication from 3 times a

a day down to two along with the dose

since I arrived I have complained

constantly about my back, which I have

displayed 3 injuries and there are medical

records to back this up.

Finally on June 11th I seen the

Dr. and he put me on something for muscle

pain, I suffer from chronic pain. On Monday the

18th I submitted a request to see the Dr. for

the following week along with me on the 22, 24th

still I haven't seen the Dr.

He is busy, brief against me

because I have to take medication but at this

point I have 2 options treat the pain or fix the problem

I'm getting worse every day. I want

God and more injury I can not be fixed Dr. Wan

I move this. The biggest factor is there are records

to back this up



RUSSELL COUNTY SHERIFF OFFICE
CORRECTIONAL HEALTH
TINA RILEY-PELFREY, LPN CCHP
TEL: (334) 298-8621 FAX: (334) 297-5130

FAX

TO: ST FRANCIS MEDICAL RECORDS **FROM:** RUSSELL COUNTY JAIL

FAX #: **PAGES:** 2

PHONE #: **DATE:** JUNE 28, 2007

RE: RECORDS FOR WILLIAM ELLIS **CC:**

URGENT _____ FOR REVIEW _____ PLEASE COMMENT _____ PLEASE REPLY

NOTES:



**RUSSELL COUNTY SHERIFF'S OFFICE
CORRECTIONAL HEALTH**

TINA RILEY-PELFREY, LPN CCHP
TEL: (334) 298-8621 FAX: (334) 297-5130

CONSENT TO OBTAIN MEDICAL RECORDS

I, William Ellis, hereby give my consent for
St. Francis - Medical Records to release any and all
medical information pertinent to my medical history to the Prentiss L.
Griffith Detention Facility.

DOB: 050970

SSN: 260-23-9248

William J. Ellis
PATIENT / INMATE SIGNATURE

6-28-07
DATE

Tina Riley-Pelfrey LPN CCHP
WITNESS SIGNATURE

6/28/07
DATE



FAX

To: Russell County Sheriff's Office From: St. Francis Hospital / Medical Records
Fax: 384 297-5130 Fax: (706) 596-4261
Phone: _____ Phone: (706) 596-4015
Pages: _____ Date: 6-28-07
Re: William Ellis CC: _____
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Last Visit ER 4-7-06

Ronnie

*Charity 7
2005*

Confidentiality Notice

The documents accompanying this telecopy transmission may contain confidential information that is legally privileged. This information is intended only for the use of the individual named above. The authorized recipient of this information is prohibited from re-disclosing any other party without obtaining the patient's consent and is required to destroy the information if the stated need has been fulfilled, unless otherwise required by law. If you have received this information, notify the sender immediately by telephone to arrange for the return of the documents.

ST. FRANCIS HOSPITAL
Imaging Result
2122 Manchester Expressway
Columbus, Georgia 31904
(706) 596-4115

NAME:	ELLIS, WILLIAM	Sex:	M	Age:	35Y
DOB:	05/09/1970	Accession#:	1562783		
RAD#:	135059	Order#:	90011		
Adm#:	000706636818	Pt. Class:	E		
Med.Rec#:	2638955	Pt. Type:	E		
		Location:			

Admit Diagnosis: LEFT ANKLE/POSS SPRAIN. DONE IN RE DONE IN RE

History / Reason: FALL
Ordering Doctor: CINDY PARKER M.D.

Final Report

Admitting Doctor: STEVEN LUCKS, M.D.

Attending Doctor: JAGDEEP SINGH, M.D.

DATE OF EXAM: Apr 7 2006

PROCEDURE: RAD 0493 - FOOT MIN 3 V LT

RESULT: REASON FOR EXAMINATION: Pain following a fall.

Three views of the left show the bony structures to be intact and well aligned. The joint spaces are well preserved. At this time, I see no bone or joint abnormalities. In particular, no sequela to recent trauma is seen.

IMPRESSION: Negative left foot examination.

Transcriptionist: JEP
Dictate Date/Time: Apr 8 2006 9:03A
Transcribe Date/Time: Apr 8 2006 9:20A
Interpreted By: G E LIPSCOMB M.D.
This document has been electronically
Signed by: G E LIPSCOMB M.D. at Apr 8 2006 10:03A

Imaging Result
Patient Name: ELLIS, WILLIAM
MR#: 2638955

ST. FRANCIS HOSPITAL
COLUMBUS, GEORGIA 31904
RADIOLOGY DEPARTMENT RESULT
(706) 596-4115

PATIENT ELLIS, WILLIAM LANIER RAD# 135059 DOB 05/09/1970
ADM# 705000818 PT CLASS E BED
PT AGE 32Y SEX M PT RACE W
MR# 2638955 PT TYPE E

ORDERING DR. CORBIN, JOHN DATE 09/24/2002
ADMITTING DR. PARKER, GREGORY
PROCEDURE 34 CHEST 2V FRONTAL AND LATERAL
ORDER# 1
HISTORY/REASON FELL, INJURY
COMMENTS DONE IN ER
ADMITTING DIAGNOSIS FALL

34 CHEST 2V FRONTAL AND LATERAL

FINDINGS: CHEST - REASON FOR EXAMINATION: Trauma to thorax following a fall.

There are sutures in both apical areas from old remote surgery of no clinical significance. At this time, both lung fields are fully expanded and clear. The heart and vascular structures are normal.

:IMPRESSION: No acute or significant cardiac or pulmonary abnormality is seen.

Interpreted by- G E LIPSCOMB, M.D.
ELECTRONICALLY SIGNED BY-
G E LIPSCOMB, M.D.

SIGNED D/T- 09/25/2002 02:50PM
TRANSCRIBED D/T- 09/25/2002 10:07AM BY- lp

file
09/25/02

ST. FRANCIS HOSPITAL
COLUMBUS, GEORGIA 31904
RADIOLOGY DEPARTMENT RESULT
(706) 596-4115

PATIENT ELLIS, WILLIAM LANIER RAD# 135059 DOB 05/09/1970
ADM# 704972074 PT CLASS E BED
PT AGE 32Y SEX M PT RACE W
MR# 2638955 PT TYPE E

ORDERING DR. CORBIN, JOHN DATE 09/01/2002
ADMITTING DR. PARKER, GREGORY
PROCEDURE 54 SPINE CERVICAL 2 OR 3 VIEWS
ORDER# 5
HISTORY/REASON FALL
COMMENTS DONE IN ER
ADMITTING DIAGNOSIS FALL

54 SPINE CERVICAL 2 OR 3 VIEWS

FINDINGS: CERVICAL SPINE - THREE VIEWS - CLINICAL HISTORY: Patient fell 20 feet, neck and chest pain and trauma.

Vertebral body height, disc spaces and alignment appear normal. The pre-dense space appears normal and the posterior elements appear intact. No acute fracture or dislocation is seen. No radiopaque foreign body is seen.

:IMPRESSION: No evidence for an acute cervical spine fracture or dislocation is seen.

Interpreted by- CARY NEWMAN, M.D.
ELECTRONICALLY SIGNED BY-
CARY NEWMAN, M.D.

SIGNED D/T- 09/03/2002 08:34AM
TRANSCRIBED D/T- 09/03/2002 07:39AM BY- lp

8-2802 not 60

fb
OP 9/15/02

ST. FRANCIS HOSPITAL
COLUMBUS, GEORGIA 31904
RADIOLOGY DEPARTMENT RESULT
(706) 596-4115

PATIENT	ELLIS, WILLIAM LANIER	RAD#	135059	DOB	05/09/1970
ADM#	704972074	PT CLASS	E	BED	
PT AGE	32Y	SEX	M	PT RACE	W
MR#	2638955	PT TYPE	E		

ORDERING DR.	CORBIN, JOHN	DATE	09/01/2002
ADMITTING DR.	PARKER, GREGORY		
PROCEDURE	34 CHEST 2V FRONTAL AND LATERAL		
ORDER#	5		
HISTORY/REASON	FALL		
COMMENTS	DONE IN ER		
ADMITTING DIAGNOSIS	FALL		

34 CHEST 2V FRONTAL AND LATERAL

FINDINGS: TWO VIEWS OF THE CHEST, 9-1-02 - Clinical history: Patient fell 20 feet with chest, back and foot pain.

Postoperative changes from biapical lung resections are noted. Sternal wires are noted anteriorly. The lung fields appear clear without evidence of effusion, infiltrate or pneumothorax. No evidence for an obvious bony fracture or dislocation is seen.

:IMPRESSION - Postoperative changes as noted above but no evidence for acute traumatic injury is seen.

Interpreted by- CARY NEWMAN, M.D.
ELECTRONICALLY SIGNED BY-
CARY NEWMAN, M.D.

SIGNED D/T- 09/03/2002 08:36AM
TRANSCRIBED D/T- 09/03/2002 07:39AM BY- jbm

ST. FRANCIS HOSPITAL
COLUMBUS, GEORGIA 31904
RADIOLOGY DEPARTMENT RESULT
(706) 596-4115

PATIENT	ELLIS, WILLIAM LANIER	RAD#	135059	DOB	05/09/1970
ADM#	704972074	PT CLASS	E	BED	
PT AGE	32Y	SEX	M	PT RACE	W
MR#	2638955	PT TYPE	E		

ORDERING DR.	CORBIN, JOHN	DATE	09/01/2002
ADMITTING DR.	PARKER, GREGORY		
PROCEDURE	526 TOE(S) MIN 2 V RT		
ORDER#	5		
HISTORY/REASON	FALL		
COMMENTS	DONE IN ER		
ADMITTING DIAGNOSIS	FALL		

526 TOE(S) MIN 2 V RT

FINDINGS: RIGHT TOES - CLINICAL HISTORY: Patient fell 20 feet with multiple areas of pain and injury.

Three views of the right toes were obtained. No obvious radiopaque foreign body seen. No evidence for an acute fracture or dislocation is seen.

:IMPRESSION: No evidence for a right toe fracture or dislocation is seen.

Interpreted by- CARY NEWMAN, M.D.
ELECTRONICALLY SIGNED BY-
CARY NEWMAN, M.D.

SIGNED D/T- 09/03/2002 08:36AM
TRANSCRIBED D/T- 09/03/2002 07:41AM BY- lp

ST. FRANCIS HOSPITAL
COLUMBUS, GEORGIA 31904
RADIOLOGY DEPARTMENT RESULT
(706) 596-4115

PATIENT	ELLIS, WILLIAM LANIER	RAD#	135059	DOB	05/09/1970
ADM#	704972074	PT CLASS	E	BED	
PT AGE	32Y	SEX	M	PT RACE	W
MR#	2638955	PT TYPE	E		

ORDERING DR.	HUGHES, RONSON	DATE	09/01/2002
ADMITTING DR.	PARKER, GREGORY		
PROCEDURE	59 SPINE LUMBOSACRAL 2 OR 3 VIEWS		
ORDER#	11		
HISTORY/REASON	FELL		
COMMENTS	ER		
ADMITTING DIAGNOSIS	FALL		

59 SPINE LUMBOSACRAL 2 OR 3 VIEWS

FINDINGS: LUMBAR SPINE, THREE VIEWS - Clinical history: Patient fell 20 feet with back and foot pain.

There are five lumbar-type vertebral bodies identified. Vertebral body heights and disc spaces and alignment appear normal. SI joints appear normal and no acute fracture or dislocation is seen. There is mild straightening of the normal lordotic curve.

:IMPRESSION - No evidence for an obvious lumbar spine fracture or dislocation is seen.

Interpreted by- CARY NEWMAN, M.D.
ELECTRONICALLY SIGNED BY-
CARY NEWMAN, M.D.

SIGNED D/T- 09/03/2002 08:39AM
TRANSCRIBED D/T- 09/03/2002 07:46AM BY- jbm

ST. FRANCIS HOSPITAL
COLUMBUS, GEORGIA 31904
RADIOLOGY DEPARTMENT RESULT
(706) 596-4115

PATIENT	ELLIS, WILLIAM LANIER	RAD#	135059	DOB	05/09/1970
ADM#	704972074	PT CLASS	E	BED	
PT AGE	32Y	SEX	M	PT RACE	W
MR#	2638955	PT TYPE	E		

ORDERING DR.	HUGHES, RONSON	DATE	09/01/2002
ADMITTING DR.	PARKER, GREGORY		
PROCEDURE	498 CALCANEUS 2 V BIL		
ORDER#	11		
HISTORY/REASON	FELL		
COMMENTS	ER		
ADMITTING DIAGNOSIS	FALL		

498 CALCANEUS 2 V BIL

FINDINGS: BILATERAL CALCANEUS VIEWS - Clinical history: Heel pain following fall from 20 feet.

Right calcaneus: Bony mineralization appears normal. No acute fracture or dislocation is seen.

Left calcaneus: Bony mineralization appear normal. There is no evidence for acute fracture, dislocation or radiopaque foreign body seen.

:IMPRESSION - No evidence for calcaneal fractures or dislocations are seen.

Interpreted by- CARY NEWMAN, M.D.
ELECTRONICALLY SIGNED BY-
CARY NEWMAN, M.D.

SIGNED D/T- 09/03/2002 08:40AM
TRANSCRIBED D/T- 09/03/2002 07:48AM BY- jbm

ST. FRANCIS HOSPITAL
COLUMBUS, GEORGIA 31904
RADIOLOGY DEPARTMENT RESULT
(706) 596-4115

PATIENT	ELLIS, WILLIAM LANIER	RAD#	135059	DOB	05/09/1970
ADM#	704972074	PT CLASS	E	BED	
PT AGE	32Y	SEX	M	PT RACE	W
MR#	2638955	PT TYPE	E		

ORDERING DR.	CORBIN, JOHN	DATE	09/01/2002
ADMITTING DR.	PARKER, GREGORY		
PROCEDURE	419 ELBOW MIN 3 VIEWS RIGHT		
ORDER#	6		
HISTORY/REASON	FALL		
COMMENTS	DONE IN ER		
ADMITTING DIAGNOSIS	FALL		

419 ELBOW MIN 3 VIEWS RIGHT

FINDINGS: RIGHT ELBOW - CLINICAL HISTORY: Patient fell 20 feet with multiple areas of pain including the right elbow.

Two views of the right elbow were obtained. Bony mineralization appears normal. No evidence for an acute fracture or dislocation or radiopaque foreign body is seen.

:IMPRESSION: No evidence for an acute bony injury is seen.

Interpreted by- CARY NEWMAN, M.D.
ELECTRONICALLY SIGNED BY-
CARY NEWMAN, M.D.

SIGNED D/T- 09/03/2002 08:38AM
TRANSCRIBED D/T- 09/03/2002 07:44AM BY- lp



FAX

To:	From: RCI
Fax: 334-297-5130	Fax: 706/596-4261
Phone:	Phone: 706/320-2752
Pages: 4	Date: 6.28.07
Re: William Ellis	CC:
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	

Confidentiality Notice

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St. Francis Hospital "The Bradley Center" Franciscan Woods "Home Care" Home Medical Equipment "Women's Center"
2122 Manchester Expressway "P.O. Box 7000" Columbus, Georgia 31908-7000 "706-596-4000"

ST. FRANCIS HOSPITAL
Imaging Result
2122 Manchester Expressway
Columbus, Georgia 31904
(706) 596-4115

NAME:	ELLIS, WILLIAM	Sex: M Age: 34Y
DOB:	05/09/1970	Accession#: 1441801
RAD#:	135059	Order#: 90003
Adm#:	000706184918	Pt. Class: E
Med.Rec#:	2638955	Pt. Type: E
		Location:

Admit Diagnosis: HIT HEAD ON CONCRET.

History / Reason: HEAD INJURY
Ordering Doctor: JOHN CORBIN M.D.

Final Report

Admitting Doctor: NO PVT DOCTOR, M.D. **Attending Doctor:** MICHAEL HAGUES, M.D.

DATE OF EXAM: May 8 2005

PROCEDURE: CT 0002 - CT HEAD WO

RESULT: REASON FOR EXAMINATION: Head trauma.

Noncontrast CT images of the patient's head show no evidence of fresh blood within the brain substance or in the extra-axial spaces. There is no evidence of an intracranial mass. The brain substance and ventricular system appear unremarkable. Ventricular size is normal without midline shift. The bony calvarium is intact.

IMPRESSION: Negative head CT.

Transcriptionist: JEP
Dictate Date/Time: May 8 2005 5:52P
Transcribe Date/Time: May 9 2005 8:24A
Interpreted By: D W WALLACE M.D.
This document has been electronically
Signed by: D W WALLACE M.D. at May 9 2005 2:11P

Imaging Result
Patient Name: ELLIS, WILLIAM
MR#: 2638955

ST. FRANCIS HOSPITAL
Imaging Result
2122 Manchester Expressway
Columbus, Georgia 31904
(706) 596-4115

NAME: ELLIS, WILLIAM
DOB: 05/08/1970
RAD#: 135059
Adm#: 000706288545
Med.Rec#: 2638955

Sex: M Age: 35Y
Accession#: 1468857
Order#: 90008
Pt. Class: E
Pt. Type: E
Location:

Admit Diagnosis: DISORIENTED/ELECTRICUTED. ER

History / Reason: DISORIENTED
Ordering Doctor: MICHAEL HAGUES M.D.

Final Report

Admitting Doctor: NO PVT DR, M.D.

Attending Doctor: MICHAEL HAGUES, M.D.

DATE OF EXAM: Jul 24 2005

PROCEDURE: CT 0002 - CT HEAD WO

RESULT: Reason for examination: Disorientation.

CT scan of the brain.

Scan is performed at multiple levels in axial projection without intravenous contrast.

The included portions of the paranasal sinuses appear clear. The ventricles are normal in size without mass effect or midline shift. No evidence of acute hemorrhage or edema noted.

IMPRESSION: No acute intracranial abnormality.

Transcriptionist: JBM
Dictate Date/Time: Jul 24 2005 2:37P
Transcribe Date/Time: Jul 25 2005 7:47A
Interpreted By: JOHN M ABERNATHY M.D.
This document has been electronically
Signed by: JOHN M ABERNATHY M.D. at Jul 25 2005 8:45A

Imaging Result
Patient Name: ELLIS, WILLIAM
MR#: 2638955

ST. FRANCIS HOSPITAL

Imaging Result

2122 Manchester Expressway
Columbus, Georgia 31904
(706) 596-4115

NAME: ELLIS, WILLIAM
DOB: 05/09/1970
RAD#: 135059
Adm#: 000706448834
Med.Rec#: 2638955

Sex: M Age: 35Y
Accession#: 1513440
Order#: 90010
Pt. Class: E
Pt. Type: E
Location:

Admit Diagnosis: HIGH FEVER, STUMBLING. R.O. MENINGITIS

History / Reason: DIZZY
Ordering Doctor: MARK ANDERS M.D.

*****Final Report*****

Admitting Doctor: DR. DITARANTO, M.D.

Attending Doctor: MARK ANDERS, M.D.

DATE OF EXAM: Nov 21 2005

PROCEDURE: CT 0002 - CT HEAD WO

RESULT: REASON: Dizziness, fever.

The scan is performed at multiple levels in axial projection without intravenous contrast.

Included portions of the paranasal sinuses shows mild to moderate mucosal thickening in the ethmoids. The ventricles are normal in size without mass effect or midline shift. No evidence of acute hemorrhage or edema noted.

IMPRESSION: No acute intracranial abnormality.

Preliminary report was issued by NightHawk Radiology Services and faxed.

Transcriptionist: JEP

Dictate Date/Time: Nov 21 2005 8:29A

Transcribe Date/Time: Nov 21 2005 10:21A

Interpreted By: JOHN M ABERNATHY M.D.

This document has been electronically

Signed by: JOHN M ABERNATHY M.D. at Nov 21 2005 3:04P

Imaging Result

Patient Name: ELLIS, WILLIAM

MR#: 2638955

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

F11
LOCATION

Name

Date

William S. Date 6-29-07

M E D I C A L

Nature of complaint or illness:

I need something for
a headache pleaseSign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

DOCTOR ☐DENTIST ☐OTHER ☐

Date 28 June 07 Time Received

1900

Officer

Schwarz

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION 7-17Name Luna LopezDate 6-30-07**M E D I C A L**

Nature of complaint or illness:

I need some Tylenol
for my back and
legs

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

DOCTOR ☐DENTIST ☐OTHER ☐Date 30 June 07 Time Received 1900Officer Schweert

MEDICATION ADMINISTRATION RECORD

REPORT DATE : 07/07

MEDICATIONS

OXEN 500MG TABLET
ONE TABLET BY MOUTH
AT BEDTIME

PHENOBARBITAL 64.8MG TABL
TAKE 1 TABLET BY MOUTH
TWICE DAILY.

*lamadel 50mg
1 tab twice daily*

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
0900	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2000	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
0800	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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0800	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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B	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
L	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
S	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
B	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
L	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
S	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

STARTING FOR	07/01/07	THROUGH	07/31/07	PAGE	1 OF 1
Physician	WARR, STURGEON	Telephone No.	334-298-8621	Medical Record No.	580540
Att. Physician	WARR, STURGEON	Alt. Telephone	334-298-8621		
Allergies		Rehabilitative Potential			

Diagnosis	Medicaid Number	Medicare Number	Approved By Doctor:						
By:									
D.O.B.	Sex	Room	Patient Code	Admission Date					
05/09/1970	M	RJ40	ELWILL	10/10/07					

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

F-11
LOCATIONName William Ellis Date 7-1-07**M E D I C A L**

Nature of complaint or illness:

I need some tylenol and orajel
for a toothache.Sign here for consent
to be treated by health staff: _____

(Do Not Write Below This Line - For Reply Only)

Give Tylenol and Oral GelDOCTOR ☐DENTIST ☐OTHER ☐Date July 07 Time Received 1400

Officer

Schrock

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

F-11
LOCATIONName William Ellis Date 7-7-07**M E D I C A L**

Nature of complaint or illness:

I need something for upset
stomach.Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

ALDROXICON II
CRASDOCTOR ☐DENTIST ☐OTHER ☐Date 7/7/7 Time Received 2010Officer [Signature]

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

F11
LOCATION

Name

W. E. Lli

Date

7-12-07

M E D I C A L

Nature of complaint or illness:

I need some Tylenol and
aspirinSign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol +
aspirin

DOCTOR

☐

DENTIST

☐

OTHER

☐

Date

7/12/7

Time Received

1954

Officer

[Signature]

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

F11
LOCATION

Name William Ellis Date 7-13-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol and
aspirin

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given 2 Tylenol
aspirin 7/13/07

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 7/13/07 Time Received 1900

Officer [Signature]

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

F-11
LOCATION

Name

Date

William Ellis *7-14-07*

MEDICAL

Nature of complaint or illness:

*I need some Tylenol
and aspirin.*

Sign here for consent

to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Reg rec 07/15/07

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date

Time Received

7-19-07 *2102*

Officer

Hunter

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION 7-11

Name

Date

7-23-07**M E D I C A L**

Nature of complaint or illness:

I have some Tylenol and
aspirinSign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol x2
aspirin x2DOCTOR ☐DENTIST ☐OTHER ☐

Date

7/23/07

Time Received

1900

Officer

W. H. [Signature]

Jose A. Canedo, MD
 West Georgia Neurology
 St. Francis Medical Park, Building H, Suite 103
 Columbus GA 31904
 Telephone: (706) 571-0121
 Facsimile: (706) 571-0124

General Neurology
 Fellow: Electrophysiology and Neuromuscular Disease

Patient: Ellis, William
 Referral Physician: Russell County Jail, Attn: Dr. William Warr
 Date: 7/24/07

Chief Complaint: History of back pain.

Documents to Review:

1. Previous cervical spine x-rays that showed normal vertebral body height, disk spaces, and alignment, performed on 9/3/2002.
2. Lumbar spine x-rays showed no evidence of any obvious lumbar spine fracture or dislocation, described at S1 joint, normal, without signs of fracture.
3. MRI of lumbosacral spine, mild bulging disk at L5-S1, with no neural element compression. At L5-S1, there is mild diffuse bulging disk centrally with no narrowing of the central canal and the canal appears to be normal, 11/2/2000.
4. MRI of lumbosacral spine, no change from previous evaluation, L5-S1 bulging disk, mild, with facet arthropathy bilaterally, L4-L5, with loss of disk height and hydration with bulging disk and signs of spondylosis indenting on the anterior thecal sac with posterolateral disk bulge in combination with facet arthropathy that narrows the neuroforamen, mild.

History of Present Illness: The patient is a 36-year-old, white, right-handed male, inmate at the Russell County Jail. He states he has suffered multiple injuries to his back. He has undergone extensive workup. In 2000, while working as a painter, he fell off a ladder and was told that he suffered L3-L4 bulging disk injury. He continued to work and have no treatment. Later, in 2002, he became a caretaker for his father, who was suffering or battling with cancer. The multiple lifting re-injured him and ever since his back pain has worsened.

In 2005, while standing next to a light pole, he was electrocuted and allegedly the entrance site was both hands and the exit, his left foot. I do not have any emergency room notes to confirm. The patient was seen by Dr. Ditaranto at MedCare. MRI of the lumbosacral area was requested and the results are mentioned in the above section.

His back pain is localized to the lumbosacral area. It radiates in the posterior aspect of his lower extremities, worse on the left than on the right, with numbness and paresthesias of his lower extremities distally. He denies any history of bowel or urinary difficulty.

(continued)

Page 2
Ellis, William
7/24/07

Past Medical History: Seizures. According to the patient, he has suffered seizures ever since closed head injury resultant from a motor vehicle accident in the late 80s. He has history of spontaneous pneumothorax twice. He was told he had blebs and underwent open thoracotomy. I do not have any notes to make any comment.

Allergies: Penicillin.

Medications: Phenobarbital, tramadol, and naproxen.

Family History: Father with history of hypertension, heart disease, cancer, arthritis, epilepsy, and mental history. Mother with history of heart disease, hypertension, diabetes, cancer, arthritis, and mental illness. Paternal grandparents with history of heart disease, hypertension, diabetes, cancer, epilepsy, and mental illness. Maternal grandparents with heart disease, hypertension, diabetes, cancer, arthritis, epilepsy, and mental illness.

Social History: The patient is married but he did not fill out the rest of the information card.

PHYSICAL EXAMINATION:

HEENT: Normocephalic. There is normal external auditory canal and tympanic membrane. Oral mucosa is well hydrated. Neck is supple. Thyroid is central. Tongue is in the midline.

Heart: Regular rhythm. S1, S2 present.

Lungs: Clear bilaterally.

Abdomen: Soft. Normal bowel sounds.

Extremities: Symmetrical; arterial pulses present.

Neurologic/Mental Status: Patient is alert, oriented in person, and place and time. Normal affect and mood. The patient is able to read, write, and calculate. Good attention span. Good memory for immediate, intermediate, and long-term recall. Normal behavior.

Cranial Nerves: Sharp discs. Venous pulse present. Pupils equal and reactive to light, accommodation, and consensual reflexes, without signs of facial asymmetry. Gag reflex is present and symmetrical. Tongue protrudes in the midline. Neck is supple without restriction of movements. No cervical bruits or lymphadenopathy. Posterior pharynx is hyperemic, with some exudates.

Motor: Bulk and tone symmetrical in all extremities, without fasciculations. Strength is 5/5 and symmetrical. No abnormal movements. The patient complains of some pain of his lumbosacral area when testing hip flexors and mild on straight leg raising on sitting position.

(continued)

Page 3
Ellis, William
7/24/07

Sensory: The patient states he is not able to perceive any sensation to pinprick or light touch to the anterior aspect of lower extremities bilaterally in the peroneal nerve distribution, but he is able to perceive sensation in the posterior aspect distribution of the tibialis nerve. His calves were measures 25 cm below the knee and the left measures 14-3/4 inches and the right, 15 inches. No fasciculations were seen.

Coordination: Limited. The patient was chained in the lower and upper extremities.

Reflexes: 2+ in all extremities. No abnormal reflexes noted.

Gait: The patient ambulates with no difficulty. He was able to get off the table, turn, and walk.

Impression: Chronic back pain, lumbosacral in localization, with pain in radicular distribution, involving L5-S1 nerve root distribution, worse left than right.

Recommendations: We discussed the need for pain management. He states that previous doctors have described his condition as very severe. The patient became very upset to the point of arguing. His face was very red and his comments included quality of life: How long do I expect him to live like this? How long is it going to take for his back to get to the end? At the same time, he answered himself with 1 or 2 years. He describes possible modifications of his living conditions, describing a concrete iron house and the hard floors injuring his back. He was informed that I did review the copy of MRI report but not the films. The findings are mild to moderate. I have made a suggestion of conservative exercises, physical therapy/stretching exercises, and medication. In case of no response to conservative management, a nerve block will be indicated. At the end, I had to stop our conversation and explain that I was going to leave the decision of any further treatment to his physician, that I was asked to evaluate his condition and give my impression as neurologist, but I am not his treating physician. The patient was very upset. He walked out of the room in the company of two police officers upset because I could not answer his questions.


Jose A. Canedo, MD/vsm

cc: Russell County Jail, Attn: Dr. William Warr

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

F-11
LOCATION

Name

William, Elli

Date

7-26-07

MEDICAL

Nature of complaint or illness:

I need some tylenol
and oralab please for
a tooth ache.

Sign here for consent

to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

7/27/07 Denied. You are

currently receiving tramadol
three daily for pain.

DOCTOR ☐DENTIST ☐OTHER ☐

Date

Time Received

Officer

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

I
LOCATION

Name Harry Ellison Date 7-27-07

MEDICAL

Nature of complaint or illness:

I need something for my headache.

Sign here for consent

to be treated by health staff:

Harry Ellison

(Do Not Write Below This Line - For Reply Only)

Reg rec 07/28

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 7-27-07 Time Received 1915

Officer Shea

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

FU
LOCATION

Name William Ellis Date 7-27-07

M E D I C A L

Nature of complaint or illness:

I need some fentanyl
and Percocet

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 28.5.1407 Time Received 0100

Officer Sheriff

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

F-11
LOCATION

Name William Ellis Date 7-29-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol and aspirin
please.

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol x 2
Aspirin x 2

DOCTOR ☐

DENTIST ☐

Date 7/29/07 Time 9:00

Officer 90

Page 37 of 48

Diagnosis									
Medicaid Number		Medicare Number		Approved By Doctor:					
				By:		Title:		Date:	
RESIDENT	ELLIS, WILLIAM	D.O.B. 05/09/1970		Sex M	Room # RJ40	Patient Code	ELWILL	Admission Date	10/10/06

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 8.3.07**M E D I C A L**

Nature of complaint or illness:

I need some tylenol and
aspirinSign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Rec rec 08/04/07DOCTOR ☐DENTIST ☐OTHER ☐Date 8/3/7 Time Received 1945Officer and

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 8-4-07

MEDICAL

Nature of complaint or illness:

I need some tylenal and
oralase please i have
a broken tooth.

Sign here for consent
to be treated by health staff:

W. Ellis

(Do Not Write Below This Line - For Reply Only)

Tylenal x2
Oralase x2

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 8/4/7 Time Received 1945

Officer anh

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 8-5-07

MEDICAL

Nature of complaint or illness:

I need some tylenol and
aspirin for my tooth
tooth

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Defend X2

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 8-5 Time Received 1900

Officer 16 WURST

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

C-12
LOCATION

Name William Ellis Date 8-6-07

M E D I C A L

Nature of complaint or illness:

I need some Tylenol and orasol
I have broken teeth

Sign here for consent

to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol x2
Orasol x2

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 8-6-07 Time Received 1929

Officer Hunter

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION 312

Name William Ellis Date 8-7-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol and
aspirin I have a broken tooth

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given!

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 8/6/07 Time Received 1900

Officer W. G. [Signature]

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

7.12
LOCATION

Name William Ellis Date 8-8-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol and
na sal phase

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol x2

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 8/5/17 Time Received 1955

Officer amb

INMATE REQUEST FORM *B-12*

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 8-9-07

M E D I C A L

Nature of complaint or illness:

I need some Tylenol and nasal
flame

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Tylenol x2

Nasal x2

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 8-9-7 Time Received 1930

Officer P. H. [signature]

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

612
LOCATION

Name William Ellis Date 8-11-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol and
aspirin please.

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given 8/14/07
[Signature]

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 8/14/07 Time Received 1900

Officer [Signature]

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

6/2
LOCATION

Name

William Ellis

Date

8-12-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol and
nasal spray

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

C/O Hunter gave items

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date

8-12-09

Time Received

2009

Officer

Hunter

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION 8-12

Name William Ellis Date 8-21-07

M E D I C A L

Nature of complaint or illness:

<I need some tylenol and
aspirin please

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line – For Reply Only)

Gave items

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 8-21-07 Time Received 2137

Officer Hunter

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION G 12

Name

Date

William E. E. Jr.

8-25-07

MEDICAL

Nature of complaint or illness:

I need some tylenol
and orasol

Sign here for consent

to be treated by health staff:

(Do Not Write Below This Line -- For Reply Only)

Denied Orasol X1
2 diff pain meds
Stop requesting
Tylenol

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date

8-25-07

Time Received

2120

Officer

Hunter

Exhibit C – Part 3
Medical File of William Lanier Ellis, Sr.

MEDICATION ADMINISTRATION RECORD

MEDICATIONS		HOUR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TRAMADOL HCL 10MG TAKE ONE TABLET BY MOUTH AT BEDTIME		08/17/07		08/16/08																														
PHENOBARBITAL 64.8MG TABL TAKE 1 TABLET BY MOUTH TWICE DAILY.		07/10/07		07/09/08																														
PHENOBARBITAL 64.8MG TABL TAKE 1 TABLET BY MOUTH TWICE DAILY.		03/13/07		03/12/08																														
TRAMADOL HCL 50 MG TABLET TAKE 1 TABLET BY MOUTH TWICE DAILY.		07/03/07		07/02/08																														
Pseudoephedrine 30mg 1 tablet @ bedtime		2000																																
Effexor XR 75mg 1 tablet @ bedtime		2000																																
B	1	2	3	4	5	6	7	8	9	10																								
L																																		
S																																		
BT																																		
B	11	12	13	14	15	16	17	18	19	20																								
L																																		
S																																		
BT																																		
B	21	22	23	24	25	26	27	28	29	30	31																							
L																																		
S																																		
BT																																		
CHARTING FOR		09/01/07		THROUGH		09/30/07		PAGE		1 OF		1																						
Physician		WARR, STURGEON		Telephone No.		334-298-8621		Medical Record No.																										
II. Physician		WARR, STURGEON		Alt. Telephone		334-298-8621																												
Allergies				Rehabilitative Potential																														

diagnosis

Medicaid Number		Medicare Number		Approved By Doctor:		Title:		Date:	
				By:					
RESIDENT		ELLIS, WILLIAM		D.O.B.		Sex		Race	
				05/09/1970		M		# RJ40	
						Patient Code		ELWILL	
								Admission Date	
								10/10/06	

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION 9-12

Name William Ellis Date 9-3-07

MEDICAL

Nature of complaint or illness:

I need something for tooth
tylenol and Percol are the
only thing that stops it from
waiting to go to the dentist

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Gave tylenol & oral gel

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 9-3-07 Time Received 1951

Officer Hunter

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 9-3-07

MEDICAL

Nature of complaint or illness:

Mrs. Riley i need to see the
Dr. on sick call. My throat is
Closing of again. i think i have another
abcess. Every time i eat my throat bleed
for about 30 mins. I gargled with salt
water all weekend hasn't helped.

Sign here for consent
to be treated by health staff: _____

(Do Not Write Below This Line - For Reply Only)

9/6/07 Dr Warr
PV

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 9-3-07 Time Received 1946

Officer Hunter

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION G/12

Name William Ellis Date 9-9-07

MEDICAL

Nature of complaint or illness:

so need some tylenol
and analol,

Sign here for consent

to be treated by health staff: _____

(Do Not Write Below This Line - For Reply Only)

Gave 1 tylenol

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 9-9-07 Time Received 1939

Officer Hunter

8-12-07
2050

RUSSELL COUNTY SHERIFF'S DEPARTMENT

CORRECTIONS DIVISION

INMATE GRIEVANCE FORM

NOTE: All grievances must be completed in Ink. If additional pages are needed, plain lined paper may be used

Staff Copy.

Submitted By:	Received By:
Inmate's Name (last name first) William Ellis	CO's Name & ID Number F. Brown 9642
Housing Assignment C max	Shift Assignment C-DAY

PART "A" INMATE REQUEST

Thursday June 28TH I had a follow up with Dr. Warr about my back. At this follow up all of my medical is discussed. Dr. Warr and myself speak about the Depression and anxiety in dealing with.

Grievant (Inmate) Signature William J. Ellis Jr

PART "B" - RESPONSE

9/16/07 - I Checked With Nurse Pilgry and also for Ward this grievance. I am to let Dr. Warr to read and over view for follow - J. Hallend -

081607 Seen by Dr. Warr

Copy forward 9/16/07 - to Nurse Kiley-Pilgry & Dr. Warr

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To _____ Date _____ Time _____
Submitting Inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____
Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By _____ Date _____ Time _____

Submitted By _____ Copy Received By _____

There were no changes in on
me I have been here since March 9th. I still don't know
anything. No indictment. No paperwork. Not minding
my mom had congestive heart failure. I'm asking
and have been for help. I'm having crying spells
old Alcatraz. I'm suffering from Chronic Anxiety for years.
I still don't know when some body goes off. I still
ask "why". The County had me in mental health
manager County. I arrived in a mental health

But nothing is done. I have submitted 4 medical
request to the Peshawar. Along with 2 verbal request
about this.

Of course

Mrs. Palfrey if you haven't learned anything about me, I think you know is everything in my medical i have told you is true.

I need some help, there is a lot about me and my past that you don't know.

Everyone has their own Demons to fight. Mine start at the age of 4. And through out my adult life has continued on.

I can't escape my past its always there. Always in my memory. The beatings being molested, my father dying in my arms.

As time goes on it gets worse its a movie that never ends. I grow in my back and my Case. I have too much on me.

M. Ellis

Dr. Warr,

Tuesday, Sept 25th

I want to thank you for trying to get me straightened out with my medical.

I'm trying every way possible to help you, help me. I don't look at this as a "bad situation" this is my home. I'm in indicted and go to that it will be my home and your my physician and my patient.

My health and well being is in your hands and yours not been unfair to me. All imitation Dr.^s I have dealt with have been the same. I fully understand you have to weed out those that have nothing wrong with them. I know I can't be included in with those inmates.

My mom calling Mr. Boveel had nothing to do with you or the Doctor, patient relationship. She knows me well enough to know if I can't get a grip on the pain and mental issues its only a matter of time before it all comes in on me.

I'm not asking for special treatment, only the treatment that works for me. March 25 1970 sent me on a never ending journey of Doctors, medications, sleep lab's and so, on. I walked away from a car that flipped 11 times but met with out a heavy price to pay. Nearly 8 years was spent trying to get the Douglas under control. Ho of 1993 I was put on

Medical suspension for my license (drivers license) to this day that still stands. I've been before the state board of medical examiners due to the fact that I couldn't make it 12 months with out having a Dequie. That was in 1998. Since I can't come to medical and sit and take the time to let you know who I am as a person met an inmate that is the best way I can think of. Thursday the 20th, I had my first Dequie. Mr. Goodman came in and checked on me. I had it later on in the night. The Epler was going my mind up even more, as of Friday the 21st, I had out taken any more. I told Mrs. Riley it was having bad side effects.

Dr. Patel tied me on Epler in Muskegon County and I ended up having quite a few devices before he took me off. That was in 2002. My point Dr. Ware is I'm better off than I was in March. You went through the trouble to send me to a neurologist about my back. The fragments was the same. My Chronic pain and the surgery were right on and he recommended the same thing that is in my records pain management. So I doctor was a specialist one I don't but the other is an opioid pain doctor.

The pain management was left up to you nothing has changed. You told me in Oct 2006 that I threw to much about medicine, that I can't help

to my body and I try to take care of it. I try to understand what and who is taking care of me. I very badly I've also been in dream they don't give me the and I truly understand why. I'm all fairness in my case and with your medical opinion you know it's justifiable. There are many different ways to moderate me. The pain will never go away but it can be kept at a human level. (Therapist) I'm not for Chronic Pain. If anyone cared to look in not supposed to be on anti-inflammatories it in my record.

Imagine every minute of every day all day, day after day week after week month after month it makes steps make pace off. When it sleep it from position plain and simple. When I sit I sit on metal stretched over when I walk it on concrete floor with these shoes slide all of the shock from the floor goes straight in to my leg and back.

Yes of all people staying on your feet all the time know what poor support does to your leg and back on concrete floors. Not a lot that can be done about that but the pain can be taken as a real serious issue then can be dealt with.

No one can tell me about pain or what it is to live with. I've had spinal blocks, meninges, both spinal chords, when I have injections for meninges, both ankle braces at the same time, my right arm, etc, etc. I know about pain.

Throw all that in with the Chronic Anxiety, Depression and Panic attacks you end up with a person Climbing the walls.

My Mom was a patient of yours and she told me you were always good to her. Most of the anxiety and Depression medications i've taken either have effects on my Seizures or they don't work. The ones i can remember over the years. Wellbutrin, Cefepia, Papil, Prozac, Lithium, Efiterzold, Depakro no success with those what has helped me remmon, Xanax, Zypreho Clonazepam Geodon, Tiagadine

The best Combination was the Xanax and remmon. Over the years Dr. Warr i figured out through trial and error. if i was kept calm with the anxiety under Control that i could Cut my Seizure meds almost in half. Me and Dr. Parker go back to the 90's and he finally started seeing the pattern of anxiety, Depression sleep Deprivation led me to one spot a grand mal. Some times a petite mal followed with reoccurring my Clonic Jerks.

Even through the outpatient Clinic in Columbus Dr. Vivas put me on tegretol and Xanax for some reason i couldnt take the Phena barb or tegretol in the mid 90's i was on Depakote but i was taking 3000 mg. a day. I guess Chemical Changes in my body and what not but now Depakote Does to me what Phena barb used to do. My own mom wouldnt even let me visit her when i was on it.

I know that Xanax got a bad name from abusers and kids overdosing on it.

I've never abused my medication or had any drug charges for that matter. It is one of the medications that help me tremendously. I was on 6 mg. a day at home. Dr. Smith put me on 3 mg a day in Muscogee County. I got my phenobarb Xanax and Tylenol 3. He knew it was enough to keep the situation fair. He didn't have to continuously see me over and over for the same thing.

Dr. Warr is to know the power that you wield and telling me you won't treat me with my regular medication because this is "fair" means you're judging me before I ever stand trial. My medical has nothing to do with that. You're the only person here with a license to practice medicine. Not Boswell Holland, Bussey.

The Hippocratic oath demanded of a physician. When he takes the title as a DR. of his profession. "I will prescribe regimen for the good of my patients, according to my judgment and ability and never do harm to anyone to please no one will I prescribe a deadly drug. Nor give advice which may cause his death. Nor will I give a pessary to procure abortion But I will preserve the purity of my life and my art."

44

of let it go. I haven't done anything to put another stone
 there at me. I've gotten used to spurs and accusations.
 Correction is a Billion dollar business the way
 out is a lot of rules get destroyed in government gear.
 No matter how the ends it has put
 another wall around me and makes me when more paranoid
 than I already was. I trust I people in this facility that
 you and Mr. Goodman. I don't have any personal issues with
 Mrs. Riley but I got paranoid and defensive around her.
 I guess it's a lot of things one day
 you may get a good morning the more you may be liked out
 or accused of something. Most of all she acts like what she
 comes through medical, comes out of her chest back.
 The Federal Government knows that
 office annually.
 I got the Alabama health care
 guide line for Corrections. The Patient Bill of Rights does
 apply and the medical treatment is discriminatory to the
 Doctor.
 Alabama ranks in the top 10% for
 neglect, malpractice and mental health issues. It has one
 of the highest 1983 formal grievance records in the nation
 over half of them are medical issues.
 Or worse the fact that I have so
 many medical issues. Come from a life that was not the
 happy little fairy tale life every child should live

Thurs Day after Day.

I was born in 1970, premature but

My memory goes back to as early as 1973 drowning
in a pool. My mom couldn't swim and I watched the life boat
fighter.

and the leader in my mind eyes.

1974, I was being charged

With airplane glue and mitered, by a dent. If I didn't

was lost. The continued on until 1976.

My father, I had made me, I whether

in horror as my step dad beat my mom. I mean he got

Therese out with a bag of a table. If me and my brothers

got in the way we got it to.

get in the way we go in. By 1980, all that stopped, my mom seen what it was doing to us. But the damage was done to my

• parus bunch

By 1982 I was taking care of my
my Dr. Higgins put that on me

mem, from a back injury Dr. Hagene put that on me but it is again for my mom.

By 1987 I wanted out so I got

By mail of 28 I had a collapsed lung and a major surgery on both lungs. My son was born, Oct 29

2 40 30

It he was in among. He had no value in his property and
 could not eat.

Collected Oct.

So now I'm feeding my son through a stomach tube, in 8 years old. When the Dressing had to be changed every this day my wife changed it. I held him and listened to him scream as chunks of flesh were pulled away.

By 1989 I was a Basket Case, Back to Emory to get the stomach tube out. There was a little girl there her face had been peeled off for surgery. My mind couldn't absorb the black eyes. It took me back to my beatings. It was my breaking point. Later the next day after I got home I tried to take my own life.

Later realizing that the only one who would pay was my son and I vowed to never hurt myself again. To this day that is my promise to my Children. I have 7 sons and 1 daughter.

By 1990 I was in the Car accident that still has me paying today.

I married my best friend, In 1993 she died with a massive stroke in Birmingham. But other complication I was on the phone with her when she told me she would be dead with in 24 Hours and she was.

Now I have to pull it together to tell our 2 Children. When I seen her in the Casket I dropped on the spot. Standing Graveside trying to tell my son his mother was gone forever was another mental blow that I never recovered from. Keep in mind in on 23

William

the 8th

I hope to see you soon. I'm off

will never go away here or on the street.
 You don't bother me. But what I carry mentally and physically
 in understanding me. and what I go thru on a daily basis
 I hope that this helps you some. I'm
 I'm not prone to violence if I have been enough.

Now in Chicago with all these

tried to help someone.

I finally started a family and

my life with out help.

2003 I got out and tried to rebuild

health prison and in day intense therapy.

2002 I was in prison, a mental

nervous breakdown and then I dropped.

By Nov. 2001 I was in jail

he died in my arms. In Oct 2001

I watched a healthy man shrivel up and bleed to death

one girl. Dr. Foster was taking care of me and my dad

a race from of leukemia and I was chosen to be the

In 2000 my father was OK with

she could no longer understand me.

8/1995 I ended a 10 year marriage

was killing my marriage.

By 1995 the mental issues, drugs and health problems

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PIRONE HCL 10MG ERIC FOR BUSPAR 10MG T TAKE 1 TABLET BY MOUTH AT BEDTIME	08/17/07	08/16/08																														
EFFEEXOR XR 75MG CAPSULE'S TAKE (1) CAPSULE BY MOUTH DAILY.	09/16/07	09/07/08																														
NAPROXEN 500 MG TABLET TAKE 1 TABLET BY MOUTH TWICE DAILY.	07/16/07	07/09/08																														
PHENOBARBITAL 64.8MG TABL TAKE 1 TABLET BY MOUTH TWICE DAILY.	03/13/07	03/12/08																														
TRAMADOL HCL 50 MG TABLET TAKE 1 TABLET BY MOUTH TWICE DAILY.	07/03/07	07/02/08																														
Cold combo 1 pack twice daily																																
BARTING FOR	THROUGH																															
Physician	WARR, STURGEON																															
Rt. Physician	WARR, STURGEON																															
Telephone No.	334-298-8621																															
Alt. Telephone	334-298-8621																															
Rehabilitative Potential																																
Medical Record No.	580540																															

diagnosis

Medicaid Number		Medicare Number		Approved By Doctor:			Title:		Date:	
				By:						
RESIDENT		ELLIS, WILLIAM		D.O.B.		Sex	Room	Patient Code	Admission Date	
				05/09/1970		M	RJ40	ELWILL	10/10/06	

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION 412

Name William E. G. Date 10-1-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol
and Orobol

[Signature]

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Green Tylenol and Oral Gel

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 10-1-07 Time Received 1900

Officer S. [Signature]

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Ellis Date 10-2-07

MEDICAL

Nature of complaint or illness:

I need Percocet Tylenol
and aspirin I'm still
Waiting to go to the Dentist

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 2 Oct 07 Time Received 1400

Officer Shaw

**RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM**

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Submitted By:	Received By:
Inmate's Name (last name first) <i>William Ellis</i>	CO's Name & ID Number <i>LOWRST 24 1900 OCT 4</i>
Housing Assignment <i>G max</i>	Shift Assignment

PART "A" INMATE REQUEST

On Tuesday Oct the 2nd i made a inquiry with Mrs Riley why was i still receiveing a medication that was Discontinued. she says it wasnt. In the medication ledger it says that it was stopped. The other inquiry was if Dr. Warr was aware

Grievant (Inmate) Signature _____

PART "B" - RESPONSE

10/9/07- Referred to Medical Dr. Warr, and Nurse Riley - J.P. Gallard.

10/11/07 Seen by Dr. Warr this date.

Referred

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To _____ Date _____ Time _____

Submitting Inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____

Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal

Appeal Received By _____ Date _____ Time _____

Submitted By _____

That i had my first Seizure. I was asked if i told any one. Seems every one but her knows about it. Sgt San Nicolas, officer Freeman, officer Goodman.

She knows she just dont want to hear it. now im refused treat ment until i see mental health.

I submitted 10 pages of information times, places, events, to Dr. Warr to try and help him understand whats going on. That has been well over a week ago.

The same information was submitted to Mr. Boswell.

So i assume that the request for his patients is little. His interest seem to be that of pleasing Mrs. Riley.

Regardless of this being a Detention facility, im still a patient as well as an inmate.

Do you just pick up a phone and call the Doctor and tell him what you want him to hear, Someone has Cut 2 medications that were giving my Seizures bad problems.

Then i have one, and your not even going to follow up. That is the first thing that should be done.

Dr Warr is not a Neurologist and when it comes to my Seizures has not way to

Say what is or is not going on in my mind.

I have been under 2 well respect
neurologist and i know the procedure and follow
up that is to occur when i have one.

Under Rule 11, FEDERAL RULES OF CI
Procedure this along with prior grievance's will
be attached, as part of the record.

These Complaints are well grounded
on medical History and record. Not that of opinion
or therapy But plain, facts.

Grievance attachment. Record 003. Part 1, A
to 1983, attachment.

Mr. Ellis

JOSE A. CAÑEDO M.D.
WEST GEORGIA NEUROLOGY AND NEURODIAGNOSTICS, P.C.
2300 Manchester Expressway
St. Francis Medical Park
Building H, Suite 103
Columbus, GA 31904

Phone (706) 571-0121

Fax (706) 571-0124

THE FOLLOWING FAX TRANSMISSION IS PERSONAL AND CONFIDENTIAL

The information contained in this facsimile message is legally privileged and confidential information and is intended only for the use of the individual or entity named below. If the reader of this message is not the intended recipient, or a duly authorized agent, you are hereby notified that any distribution or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original message and any copies of it to us at the address provided above via the United States Postal Service. We will reimburse you for cost incurred for postage. Thank you.

THE RECIPIENT OF THE FOLLOWING DOCUMENT IS REQUIRED TO DELIVER THIS TRANSMISSION UNMOLESTED TO THE PERSON DESIGNATED BELOW:

Please deliver upon receipt to:

RUSSELL COUNTY JAIL

Re:

WILLIAM ELLIS,

Attn:

WILLIAM WAR, MD

This page is the first of 7 pages. If any pages did not transmit, please contact TAHMA at the phone number provided in our letterhead. Thank you.

Fax number

334 298-8624
334 297-5130

Date

10/12/7

Time

2:35

RUSSELL COUNTY SHERIFF'S DEPARTMENT

CORRECTIONS DIVISION

INMATE GRIEVANCE FORM

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Staff Copy

Submitted By:	Received By:
Inmate's Name (Last name first) <i>William Ellis</i>	CO's Name & ID Number <i>COWRST 24 1900 OCT 4</i>
Housing Assignment <i>G max</i>	Shift Assignment

PART "A" INMATE REQUEST

On Tuesday Oct the 2nd i made a inquiry with Mrs Riley why was i still recide ing a medication that was Discontinued. she says it wasnt. In the medication ledger it says that it was stopped. The other inquiry was if Dr. Warr was aware

Grievant (Inmate) Signature _____

PART "B" - RESPONSE

10/9/07- Referred to Medical Dr. Work and Nurse Riley - J. D. Allard.

10/11/07 Seen by Dr. Warr this date _____

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To _____ Date _____ Time _____

Submitting Inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____

Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By _____ Date _____ Time _____

Submitted By _____ Copy Received By _____

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

612
LOCATION

Name William Ellis Date 10-5-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol
and Opra Dot please.

Sign here for consent
to be treated by health staff: _____

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 5 Oct 07 Time Received 1900

Officer Schroeder

INMATE REQUEST SLIP

LOCATION

Name William Ellis Date 10-6-07

☐ Telephone Call

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☐ Other

Briefly Outline Your Request. Give to Jailer

I need some Tylenol and
Oralol.

Handwritten signature

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date 6 Oct 07 Time Received 1:40

Jailer

11

INMATE REQUEST SLIP

612
LOCATION

Name William Ellis Date 10-7-07

- ☐ Telephone Call ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give to Jailer

I need some Tylenol and orasol
please.

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date 10-07-07 Time Received 1900

Jailer <1

INMATE REQUEST SLIP

LOCATION

Name William Ellis Date 10-8-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ Other

Briefly Outline Your Request. Give to Jailer

I need some tylenol and orasol
please

(Do Not Write Below This Line - For Reply Only)

Tylenol X2
Orasol X2

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 10-08-07 Time Received 20011.1.11

INMATE REQUEST SLIP

LOCATION G 12

Name William D. Ellis Date 10/10/07

☐ Telephone Call

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☐ Other

Briefly Outline Your Request. Give to Jailer

I need some Tylenol and
oracel.

(Do Not Write Below This Line – For Reply Only)

Given Tylenol and Oral Gel

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date 10 Oct 07 Time Received 1900

Jailer 11. 0

INMATE REQUEST SLIP

LOCATION

Name Lutheran Ellis Date 10-11-07

☐ Telephone Call

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☐ Other

Briefly Outline Your Request. Give to Jailer

I need some Lysol and oradif
please

Mr Ellis

(Do Not Write Below This Line - For Reply Only)

Reg rec 10/12 @
1930

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____ Time Received _____

INMATE REQUEST SLIP

LOCATION G/2Name William Ellis Date 10/12/07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ Other

Briefly Outline Your Request. Give to Jailer

<0 need some tylenol
and aspirin

(Do Not Write Below This Line - For Reply Only)

Tylenol x 2aspirin x 2CAF10-12-07

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 10-12-07 Time Received 1900

Inmate

CAF

RUSSELL COUNTY SHERIFF'S DEPARTMENT

CORRECTIONS DIVISION

INMATE GRIEVANCE FORM

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Submitted By:		Received By: <i>Staff Copy</i>	
Inmate's Name (last name first) <i>William Ellis</i>	CO's Name & ID Number <i>COWURST 24</i>	1900 OCT 4	
Housing Assignment <i>G mal</i>	Shift Assignment		

PART "A" INMATE REQUEST

On Tuesday Oct the 2nd i made a inquiry with Mrs Riley why was i still recieveing a medication that was discontinued. she says it wasnt. In the medication ledger it says that it was stopped. The other inquiry was if Dr. Warr was under

Grievant (Inmate) Signature

PART "B" - RESPONSE

10/9/07- Referred to Medical Dr. Work and Nurse Riley - J.P. Hallard.

10/15/07- Referred to Medical Dr. Work and Nurse Riley - J.P. Hallard - Leonard

10/15/07 All medication corrections have been made. *[Signature]*

Date of Response

Divisional Grievance Officer

ID Number

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To

Date

Time

Submitting Inmate

Receiving Shift Supervisor

PART "D" - RETURN RECEIPT

Returned To

Date

Time

Witness

Submitting Inmate

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal

005

Appeal Received By

Date

Time

Submitted By

Copy Received By

*William Ellis**See Attachment*

It is also a fact that I'm suffering from Chronic Anxiety with panic attacks.
 It is also a fact that I provided him with
 pages of very detailed information.

My course of treatment is in my medical records.
 that is better than 5 years of the same treatment.

I have been to medical numerous times for the
 same problems. I have submitted numerous complaints written and verbal
 to medical.

The extent of neglect is evident. I want my
 point of view understood and on record. "I'm in jail, fine. I will have
 my day in court. Then I am already being punished. I can live with
 that." It is not for Dr. Warr to decide what my punishment is or
 how it is administered.

His primary and only role is that of my health
 and well being. The medical unit here has made me suffer more than
 any jail or prison I've ever served in. So I can only assume that
 in his clouded political/medical opinion that it's only right that
 I suffer. The part he is forgetting is when my visit with him is
 over I go back to my cell and I'm still in jail.

It (I Holland) this is going to cross your
 desk first. My issues are not with this facility. We get fed well
 and I have had no issues with any officers here. I have not asked for
 special privileges. Medical is not a privilege it's a right. I may be
 half crazy from all the things I have had to endure. I assure you
 I'm far from stupid. As early as 19 years old I was thrown in
 to the lions den of Doctors. It took me a lot of learning then
 I became institutionalized. Every Doctor is different but regardless

of his difference he still has a code and guidelines to abide by. Are you aware of the oath he had to swear into as a Doctor? Most people aren't I am.

He is fully aware that if I receive another MRI and it shows more damage to my back while under his care then he is responsible and accountable for that damage.

Dr. Warr is leaving me no choice but to fight back. I would much rather receive proper medical care. The medical records are there but he does not acknowledge the because I had to take medication he does not agree with. Agree or not it works for me and it works well.

Look at my jacket you never hear a peep out of me until it comes to medical. Even Dr. Smith in Muscogee County Jail told me I was in trouble, it was a lost cause over here with medical. He has been treating me since I was 19.

With that said I want Dr. Warr to sign off on this grievance. That he will not treat me until February when and if I go to mental health. He will not go by my past records. He won't medicate me out of fear of making a mistake. I will also submit a request with this grievance.

Making this part of the record, if I do not receive that request back in 7 days. I will attach a duplicate to another 1983 form and attach as a refusal to comply.

Mr. Ellis

INMATE REQUEST SLIP

912
LOCATION

Name William Ellis Date 10-15-07

☐ Telephone Call

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☐ Other

Briefly Outline Your Request. Give to Jailer

I need some Tylenal and
Orasol Please. I only
been waiting 4 months to
go to dentist

(Do Not Write Below This Line - For Reply Only)

Given Tylenal and orasol

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date 15 Oct 07 Time Received 1500

7-11-07

CI 11

RUSSELL COUNTY SHERIFF'S DEPARTMENT

CORRECTIONS DIVISION

INMATE GRIEVANCE FORM

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used.

Submitted By:	Received By:
Inmate's Name (last name first) <i>Ellis William</i>	CO's Name & ID Number <i>Timothy Miller #41</i>
Housing Assignment <i>G max</i>	Shift Assignment <i>B</i>

PART "A" INMATE REQUEST

After the brief talk with Dr. Ware on Thursday the 11th. It is clear that sicking on my resolve with my medical issues. Nothing can be done until i go to mental health. Out of fear that "He" Dr. Ware will make a mistake in my treatment. Its a fact that he knows im in severe pain day and night. Its a fact that im clearly depressed.

Grievant (Inmate) Signature *William Ellis*

PART "B" - RESPONSE

10/15/07 - Referred to Medical Dr. Ware and Nurse Kelly Pilgud J. Halland Leonard

10/16/07 East Alabama Mental Health has been contacted in reference to obtaining an appointment. — [Signature]

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To _____ Date _____ Time _____

Submitting Inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____

Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By _____ Date _____ Time _____

Submitted By _____ Copy Received By _____

That i had my first seizure. I was asked if i told any one. Seems every one but her know about it. Sgt San Nicolas, officer freedom, officer Goodman.

She knows she just dont want to hear it. now im refused treat ment until i see mental health.

I submitted 10 pages of inform. times, places, events, to Dr. Warr to try and help him understand whats going on. That has been well over a week ago.

The same information was submitted to Mr. Boswell.

So i assume that the request for his patients is little. His interest seem to be that of pleasing Mrs. Riley.

Regardless of this being a Detention facility, im still a patient as well as an inmate.

Do you just pick up a phone and call the Doctor and tell him what you want him to hear. Someone has Cut 2 medications that were giving my Seizures bad problems.

Then i have one, and your not even going to follow up. That is the first thing that should be done.

Dr Warr is not a Neurologist and when it comes to my Seizures has not way to

Say what is or is not going on in my mind.
I have been under 2 well resp
neurologist and i know the procedure and follow
up that is to occur when i have one.

Under Rule 11, FEDERAL RULES OF C
Procedure this along with prior grievances will
be attached, as part of the record.

These Complaints are well grounded
on medical History and record. Not that of opinion
or theory But plain facts.

Grievance attachment. Record 003. Part 1, A
to 1983. attachment.

Mr. Ellis

Appeal Notification, Went to medical 1:00 P.m
to follow up with Dr. war. so he can tell me
that he made the inquiry with mental health and
i cant be seen until February and until then Im
just to be in jail. Until i go to mental health
Im not going to be treated. Because he dont want to
make a mistake?

Well there have been so many mistakes
they hardly cant be counted I dont know what

the Connection is with Tina Riley and Dr. Waver. One thing I know she Controls Medical. And him.

As far as mistakes, You have a R.N. writing down Doctors orders going over charts. Making Diagnosis Logging medical ledgers for prescription Drugs.

If she will go in and put my Initial on the medical log for medication. Do you honestly think she won't make her own decision on treatment. Dr. Waver puts his signature on what she writes.

What Dr. Waver is doing is a full Violation of his practice and he knows it. As part of the record in writing this appeal for refusal of treatment and not receiving treatment on this 11th day of October my vitals were taken.

As part of this Grievance procedure and report a formal Complaint will be made with the U.S. Department of Health and Human Services. In Atlanta Ga.

A Formal Grievance will be filed as of 10/10/07. Against Tina Riley, Dr. Waver.

Punishment? that is when you go to medical and deal with these two. Jail is light punishment compared to medical.

Dr. Waver doesn't want to give me any medication because he will have to go by my previous medical records and what worked so well for me.

So i can only assume all the other doctors i seen were wrong and the medication that he dont agree with but regardless they work well for me. Because they are Narcotic, Narcotics are a practical part of medicine. An everyday part of life.

This is fail i agree the Criminals are in uniform. I take a doctor the right way and they show their true side among other things. I have no Complaint to each his own but this is about my health and well being.

Someone needs to ask Dr. Warr to see the 10 pages of information i submitted to him. If i have to start sending my grievances to Mr. Boswell i will but this has gone far enough.

I also need my medical records i come in with my own and they are not in my property. I have 2 properly slips for those records and i need them to get Copies. They are also my hard copy files.

In short this is a out of Control situation.

INMATE REQUEST SLIP

4-12
LOCATIONName William E. Ellis Date 10-16-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to JailerI need some tylenol and aspirin.

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 16 Oct 07 Time Received 1400Jailer S. Ellis - 0

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G 12
LOCATION

Name William Ellis Date 10-19-07

MEDICAL

Nature of complaint or illness:

Dr. Warr, Since i cant come to medical to see you. I need my pain medication im putting this request in writing as to make it part of the record. Also my anxiety medication that i was on prior to coming here. I also need an application in writing if it is refused. As to attach to part of the record.

Sign here for consent

to be treated by health staff: Will

(Do Not Write Below This Line - For Reply Only)

10/22/07 Seen by Dr. Warr

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 10/22/07 Time Received 1:00

Officer Schmidt

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G12
LOCATION

Name William Ellis Date 10-19-07

M E D I C A L

Nature of complaint or illness:

I need some tylenol and orasol please.

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and Oral Gel

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 19 Oct 07 Time Received 1400

Officer Schred

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

912
LOCATION

Name Williams Ellis Date 10/20/07

M E D I C A L

Nature of complaint or illness:

I need some Tylenol and orasol
Please.

I'm suffering bad with
a broken tooth.

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Admin Tylenol and Oral Gel

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 20 Oct 07 Time Received 1400

Officer

Schwarz

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William Lanier Ellis Date 10/21/07

MEDICAL

Nature of complaint or illness:

Rh. was my throat is swelling
again in broke out in my scalp
and my right ear.

Sign here for consent

to be treated by health staff:

William Ellis Sr

(Do Not Write Below This Line - For Reply Only)

Referred to Dr. Warr
10/22/07 P/V

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 21 Oct 07 Time Received 1900

Officer

Schmidt

INMATE REQUEST SLIP

LOCATION

Name William Egle Date 10/21/07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to Jailer

I need some Tylenol and
Exazol. My tooth is getting
worse

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and Oral Gief

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 21 Oct 07 Time Received 1900S. L. L.

Exhibit C – Part 4
Medical File of William Lanier Ellis, Sr.

RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM

Case # 3:07-CV-920

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Submitted By: Inmate's Name (last name first) <i>William James Ellis Jr.</i>	Received By: CO's Name & ID Number <i>Brown, K. 38</i>
Housing Assignment <i>St. Holland</i>	Shift Assignment <i>D- Day</i>

PART "A" INMATE REQUEST

I'm glad you were in medical, now you see what I'm dealing with. I have exhausted all efforts to go along with Dr. Warr. I'm suffering and there is no end to it, its day and night, night and day it never ends. I'm trying to meet Dr. Warr but

Grievant (Inmate) Signature *William Ellis*

PART "B" - RESPONSE

10-22-07- Thanks for all the info, I will forward a copy of this letter to Medical to add to their records.

J.F. Holland
10/20/07

102207 Rec'd copy for medical chart.

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To _____ Date _____ Time _____

Submitting Inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____

Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By: _____ Date _____ Time _____

RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM

Case # 3:07-CV-920

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used

Submitted By:		Received By:	
Inmate's Name (last name first) <i>William Lamar Ellis Jr.</i>		CO's Name & ID Number <i>BROWN, K. 38</i>	
Housing Assignment <i>St Holland</i>		Shift Assignment <i>D- Day</i>	
PART "A" INMATE REQUEST			
<i>I'm glad you were in medical, now you see what im dealing with. I have exhausted all efforts to go along with Dr Warn. I'm suffering and there is no end to it, its day and night, night and day it never ends. I'm trying to meet Dr warn but</i>			
Grievant (Inmate) Signature <i>William Ellis</i>			
PART "B" - RESPONSE			
<i>10-22-07- Thanks for all the info, I will forward a copy of this letter to Medical to add to their records.</i>			
<i>J.F. Vulliamy</i> <i>10/20/07</i>			
<i>102207 Rec'd copy for medical chart.</i>			
Date of Response _____		ID Number _____	
NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.			
PART "C" - RECEIPT			
Return To _____		Date _____ Time _____	
Submitting Inmate _____		Receiving Shift Supervisor _____	
PART "D" - RETURN RECEIPT			
Returned To _____		Date _____ Time _____	
Witness _____		Submitting Inmate _____	
APPEAL NOTIFICATION			
I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.			
Appeal Received By: _____		Date _____ Time _____	
Submitted By _____		Copy Received By _____	

I refuse to back down. You heard him say he knows am in pain and it'll get worse. It already has got worse and he thinks i want drugs to feel good? Give me a break that is just absurd.

I dont appreciate being treated like a drug addict. I never abused my medication. Furthermore I've never had a drug charge.

Having a License to practice medicine does not give you the right to abuse people. This is about the 4, or 5 time i have seen him for my throat and ears. Rather than look a little deeper to find out why. It will be covered up for a month or so then happen again. The last time was August.

I assure you, if he thinks or Mrs Riley thinks im going to back off, it wont happen. Also if he thinks that he is going to get all my previous Dr.'s go against their own records its slim to none.

If he is knowingly make me suffer then he will have to answer for that. This never should have went this far. As of 11/1/07 it will be made public record. I also Caution the gathering of my medical records without my hand written Consent, furthermore by phone, voice fax.

As i made it known in your presence this is not about me being in jail. Im suffering Lt Holland as i made it known to you before this is one of the better facilities its been in.

**RUSSELL COUNTY SHERIFF'S DEPARTMENT
CORRECTIONS DIVISION
INMATE GRIEVANCE FORM**

NOTE: All grievances must be completed in ink. If additional pages are needed, plain lined paper may be used.

Submitted By:	Received By:
Inmate's Name (last name first) <i>William E. Ellis</i>	CO's Name & ID Number
Housing Assignment <i>10/21/07</i>	Shift Assignment

This grievance is to PART "A" INMATE REQUEST follow with the I became submitted, 10/9 am 10/15 both referred back to medical and both went unanswered by medical. If this grievance procedure is now a useless appendage please so advise. So I can advise the Court. (Civil Case # 3:07-CV-920-MHT).

Grievant (Inmate) Signature *William E. Ellis*

PART "B" - RESPONSE

10-22-07- Please read in your inmate handbook that a grievance form should be submitted when you are subjected to certain conditions. It appears that you do not even try to get an answer through inmate request slip.

A. Quince * Copy Referred to Nurse Prison 10/22/07

Date of Response _____ Divisional Grievance Officer _____ ID Number _____

NOTE: If you are dissatisfied with this response, you may appeal directly to the Administrator of Corrections. Your appeal must be filed within 72 hours, excluding Saturdays, Sundays, and legal holidays, of the time/date you acknowledge receipt of this response.

PART "C" - RECEIPT

Return To _____ Date _____ Time _____
Submitting inmate _____ Receiving Shift Supervisor _____

PART "D" - RETURN RECEIPT

Returned To _____ Date _____ Time _____
Witness _____ Submitting Inmate _____

APPEAL NOTIFICATION

I hereby give notice of appeal of the findings of the Divisional grievance Officer. I have attached to this notice of appeal a statement of the basis for my appeal.

Appeal Received By _____ Date _____ Time _____

Submitted By _____ Copy Received By _____

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G 12
LOCATIONName William James Ellis Date 10-25-07**M E D I C A L**

Nature of complaint or illness:

I need some Tylenol and some orasol
please. also i need some antibiotic
cream for my ear.

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

10/26/07 Oral gel given

DOCTOR ☐DENTIST ☐OTHER ☐Date 10-23-07 Time Received 0715Officer Smith

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION G 12

Name William Lane, Ed Date 10-26-07

MEDICAL

Nature of complaint or illness:

I need some tylenol and
aspirin please.

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Reg rec 10/28/07
@ 3045

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 10-27-07 Time Received 0800

Officer 54174

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G 12
LOCATION

Name William Ellis Date 10-29-07

M E D I C A L

Nature of complaint or illness:

I need some Tylenol and antibiotic ointment

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and antibiotic

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 29 Oct 07 Time Received 1500

Officer Schmal

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G/2
LOCATION

Name William Ellis Date 10-30-07

M E D I C A L

Nature of complaint or illness:

I need some tylenol
and something for upset
stomach

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Order Tylenol

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 30 Oct 07 Time Received 1900

Officer Schwarz

MEDICATION ADMINISTRATION RECORD

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ROXEN 500 MG TABLET 1 TABLET BY MOUTH TWICE DAILY.		07/10/07 07/09/08	[Handwritten notes and signatures]																														
PHENOBARBITAL 64.8MG TABL TAKE 1 TABLET BY MOUTH TWICE DAILY.		07/10/07 07/09/08	[Handwritten notes and signatures]																														
TRAMADOL HCL 50 MG TABLET TAKE 1 TABLET BY MOUTH TWICE DAILY.		07/10/07 07/09/08	[Handwritten notes and signatures]																														
Mirtazapine 30mg 1 tablet @ bedtime		2000	[Handwritten notes and signatures]																														
Chlorpromazine 50mg 1 tablet @ bedtime		2000	[Handwritten notes and signatures]																														
Namadol 100mg 1 tab @ bedtime		2000	[Handwritten notes and signatures]																														
Namadol 50mg 1 tab in AM		0800	[Handwritten notes and signatures]																														
B	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
L	SP	SP	TM	TM	G	G	G	S	SP	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	
S	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	
BT	FB	SM	SM	SM	BC	FB	SM	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB	
B	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
L	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	TM	
S	FB	SM	SM	SM	FB	FB	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	
BT	FB	SM	SM	SM	FB	FB	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	

CHARTING FOR 11/01/07		THROUGH 11/30/07		PAGE 1 OF 1	
Physician	WARR, STURGEON	Telephone No.	334-298-8621	Medical Record No.	580540
Alt. Physician	WARR, STURGEON	Alt. Telephone	334-298-8621		
Allergies		Rehabilitative Potential			

Medicaid Number		Medicare Number		Approved By Doctor:	
RESIDENT		ELLIS, WILLIAM		By: D.O.B. 05/09/1970 Sex M Room RJ40 Patient Code ELWILL	
				Title: Date: Admission Date 10/10/06	

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

412
LOCATION

Name William Ellis Date 11-2-07

MEDICAL

Nature of complaint or illness:

I need some Tylenol and
antibiotic Cream

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and Antibiotic

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 3/6/07 Time Received 1900

Officer

Schwartz

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION G-12

Name William J. Pella Date 11-2-07

MEDICAL

Nature of complaint or illness:

I need some tylenol and
antibiotic treatment

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and Antibiotic

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 2 Nov 07 Time Received 1900

Officer Schwarz

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name W. Williams Date 11-4-07**M E D I C A L**

Nature of complaint or illness:

I need some tylenol and
aspirin and something for
cough

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line -- For Reply Only)

Gina Garcia

DOCTOR ☐DENTIST ☐OTHER ☐Date 4 Nov 07 Time Received 1900Officer Schach

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G-12
LOCATION

Name

William Ellis

Date

11-6-07**M E D I C A L**

Nature of complaint or illness:

Mrs. Hilary on 10-16-07 submitted a request
for a copy of my medical records, 20 days
later im still waiting for a copy of
that request and my records. I came
in with my own records I med aid
of my records.

Sign here for consent

to be treated by health staff:

Mrs. Ellis
William Ellis

(Do Not Write Below This Line - For Reply Only)

11/7/07 Medical must be supervisedDOCTOR ☐DENTIST ☐OTHER ☐

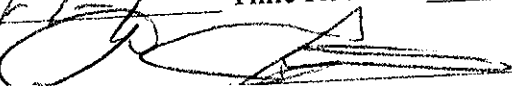
Date

11-7-07

Time Received

09:05

Officer



INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G12
LOCATIONName William E Ellis Date 11-6-07**MEDICAL**

Nature of complaint or illness:

Miss Riley please put me down to see the doctor i was supposed to see him last thursday, then it was change to friday. I still havent seen anyone. I even asked you to move me up front if thats what it took for me to get some relief once again im asking for help William Ellis

Sign here for consent
to be treated by health staff

(Do Not Write Below This Line - For Reply Only)

11/07/07 Dr. White made discussion to see you @ a different date.

DOCTOR ☐DENTIST ☐OTHER ☐Date 11-7-7 Time Received 09:05Signature [Signature]

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION

Name William E. Ellis Date 11-6-07

MEDICAL

Nature of complaint or illness:

Mrs. Billy I need something, a
ters unit different pain meds
something has to give. My right
hip and leg are just plainly in terrible
shape. my last 3 fingers all the way
up my elbow into my shoulder are a
never ending assault of pain

Sign here for consent

to be treated by health staff:

William E. Ellis

(Do Not Write Below This Line - For Reply Only)

11/7/07 Discuss & De Warr

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 11-7-07 Time Received 09:05

Officer

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

412
LOCATION

Name

Date

William Lamin 11-7-07**M E D I C A L**

Nature of complaint or illness:

I have some Tylenal and
some cough syrupSign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Guaiacum and TylenalDOCTOR ☐DENTIST ☐OTHER ☐

Date

7 Nov 07

Time Received

1400

Officer

Schroeder

INMATE REQUEST SLIPLOCATION 412Name William Ellis Date 11-8-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to JailerI need some Cough Syrup
and Tylenol

(Do Not Write Below This Line – For Reply Only)

Given Tylenol

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 8 Nov 07 Time Received 1400

Jailer

S-h. 1

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G 12
LOCATION

Name William Lamer Ethel Date 11-12-07

M E D I C A L

Nature of complaint or illness:

I need some Cough Syrup and
Tylenol; ~~aspirin~~ for a cold please

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line -- For Reply Only)

Given Tylenol

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 12 Nov 07 Time Received 1900

Officer Schwarz

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G12
LOCATION

Name William Ellis Date 11-13-07

MEDICAL

Nature of complaint or illness:

I need some Cough Syrup
and Tylenol for cold

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Reg rec 11/14

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 11/13/07 Time Received 0700

Officer [Signature]

INMATE REQUEST SLIP

LOCATION G12

Name William Elli Date 11-13-07

- ☐ Telephone Call ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give to Jailer

I need some tylenol for my back
and something for a cold.

(Do Not Write Below This Line – For Reply Only)

Criven Tylenol

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date 13 Nov 07 Time Received 1800

Tailer S. L. ...

**SUMMIT HOSPITAL
4401 RIVER CHASE DRIVE
PHENIX CITY, AL 36867**

RADIOLOGY CONSULTATION REPORT

PATIENT: ELLIS, WILLIAM
DOB: 05/09/1970
DATE OF SERVICE: 11/14/2007
MRN: 17640
STUDY ID: 932232
ACCESSION #: 00302240000100
ORDERING PHYSICIAN: WARR,
PATIENT LOCATION: outpatient

FINAL REPORT

PROCEDURE:

NONENHANCED LUMBAR SPINE MR

INDICATION - DIAGNOSIS:

Low back and bilateral leg pain for five months. No surgery. No injury.

PRIORS:

No correlative radiography or CT.

TECHNIQUE:

T1 and T2-weighted axial and sagittal.

EXAM FINDINGS:

Overall alignment and vertebral body statures are normal. Assuming five lumbar disk spaces, the conus is unremarkable at L1-L2.

At L4-L5, the disk space is very subtly narrowed and desiccated, associated with asymmetric broad-based disk protrusion, eccentric to the right. Maximal AP disk protrusion is 6 mm right paracentrally, 5 mm centrally, and 4 mm left paracentrally. The thecal sac is diffusely effaced anteriorly. Disk is contiguous with the right L5 roots bilaterally with the right L5 root displaced laterally and posteriorly. There is no lateral recess, neural foraminal or central stenosis.

Other disk space levels are unremarkable.

Minimal degenerative changes are present in mid and lower lumbar facet joints.

Marrow signal is normal. There is no paraspinal soft tissue mass.

IMPRESSION:

Degenerative disk disease L4-L5, with broad-based central disk protrusion, eccentric to the right, associated with a transverse annular tear.

**SUMMIT HOSPITAL
4401 RIVER CHASE DRIVE
PHENIX CITY, AL 36867**

RADIOLOGY CONSULTATION REPORT

PATIENT: ELLIS, WILLIAM
DOB: 05/09/1970
DATE OF SERVICE: 11/14/2007
MRN: 17640
STUDY ID: 932232
ACCESSION #: 00302240000100
ORDERING PHYSICIAN: WARR,
PATIENT LOCATION: outpatient

This report has been electronically authenticated

Ken Beil, MD

KB/cs/ 932232

DD: 11/14/2007 @ 10:45 AM DT: 11/14/2007 @ 12:33 PM

cc: Summit Hospital - Radiology fax

INMATE REQUEST SLIP 412
LOCATION

Name William Ellis Date 11-14-07

- ☐ Telephone Call ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give to Jailer

I need some Tylenol for my
back and legs and something
for a cold

(Do Not Write Below This Line - For Reply Only)

~~Defendant X2~~

Approved ☒ Denied ☐ Collect Call ☐

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date 11/14 Time Received 1940

Jailer

INMATE REQUEST SLIP G/2
LOCATION

Name William Ellis Date 11-15-07

☐ Telephone Call

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☐ Other

Briefly Outline Your Request. Give to Jailer

I would like to get my
back and legs. My career
has continued the medication but
to it upsetting my stomach. He has
allowed me to get a request
in last and it

(Do Not Write Below This Line - For Reply Only)

~~Tylenol~~
You are getting
Tramadol 100mg
for pain

Approved _____

Denied _____

Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____ Time Received _____

Jailer

INMATE REQUEST SLIP

G12
LOCATION

Name William Ellis Date 1-16-07

☐ Telephone Call

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☐ Other

Briefly Outline Your Request. Give to Jailer

I need something for a Cold
and some tylenol

(Do Not Write Below This Line - For Reply Only)

Aspirin Tylenol and Benadryl

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then
Forwarded To Those The Request Is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date 16 Nov 07 Time Received 1900

Teller

11 /

INMATE REQUEST SLIP 912

LOCATION

Name William Ellis Date 11-17-07

- ☐ Telephone Call ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give to Jailer

I need some tylenol for my back
and legs and something for cold.
Also im to be getting a
snack, i get one in the A.M.
But not P.M. i take more meds at
P.M.

M. Ellis

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and Gaviscon
Will check record for snack

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date 17 Nov 07 Time Received 1500

Jailer S.I.

Medical
INMATE REQUEST SLIP

912
LOCATION

Name William Ellis Date 11-18-07

☐ Telephone Call

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☐ Other

Briefly Outline Your Request. Give to Jailer

I need some tylenol for my back
and keep something for a cold.
Antacid

(Do Not Write Below This Line - For Reply Only)

give tylenol & Antacid
a/o 50

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date 11/18/7 Time Received 2135

Jailer do Bibb

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G-12
LOCATIONName William H. Ellis Date 11-21-07**M E D I C A L**

Nature of complaint or illness:

Dr. Warr as your aware I fell on the 20th and was sent to the ER. My back and legs are locking trouble in muscle spasms. The pain in my spine has moved up 4 to 6 inches in the lower part of my spine. Although nothing shows broken on an X-ray. It won't show the type damage I have. As a note to your records my

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Refer to Dr Warr

DOCTOR ☐DENTIST ☐OTHER ☐Date 21 Nov 07 Time Received 1500Officer Schank

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G/12
LOCATIONName William Ellis Date 11-21-07**M E D I C A L**

Nature of complaint or illness:

B.P. was 153/100 4/14/93, 143/98 at any rate that is extremely high and if I recall the last 4 or 5 times I was checked, with the exception of my visit my B.P. has remained to stay high.

However at the present time my B.P. is at the bottom of my list for concerns. I'm coming to you as a man Dr. Warren and asking you to

Sign here for consent

to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

DOCTOR ☐DENTIST ☐OTHER ☐Date 21 Nov 07 Time Received 1900Officer Shan

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G12
LOCATIONName William Elke Date 11-21-07**M E D I C A L**

Nature of complaint or illness:

Please take in Consideration me hitting a concrete floor was the last thing i needed. To make it clear so there are no misunderstandings i hit the floor full impact on my tail bone or S1 I hope that no one else pops a waterbag in the Dayroom. Now im paying for someone else's this injury is already affecting me

Sign here for consent

to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

DOCTOR ☐DENTIST ☐OTHER ☐Date 2/16/07 Time Received 1900



STADIUM PHARMACY
100 STADIUM DR., STE.100
PHENIX CITY, AL 36867
334-291-4255

Pharmacy THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

RX # 6143925

ELLIS, WILLIAM
RUSSELL COUNTY JAIL
PHENIX CITY, AL
334-298-8621

DR. J. LIN
11/21/07
TOTAL 13.88
ACETAMINOPHEN 32



ACETAMINOPHEN 325 MG TAB
100 TAB
ORG DT- 11/21/07
24385-0403-78

HIPAA ACK: N 05/09/70

RX# 6143925
SUBTOTAL 13.88
TOTAL DUE 13.88
NET CHARGE 13.88

11/21/07 16:06 SB 0022047

CHARGE

S:
S PRESCRIBED
SYMPTOMS GET WORSE OR DO NOT GET ANY BETTER
H DR. IN 1 WEEK

ELLIS, WILLIAM

FREE DELIVERY--ASK FOR

Contusion

ULD KNOW:

i-too-shun) is also called a bruise. A contusion is caused by an injury that the skin. Bleeding under the skin causes it to look black and blue. You may or swelling. Many things cause bruises. But some common causes are by things, falling, or being kicked or hit. As the bruise heals, the skin changes purple to green and then yellow. It may take 2 or 3 weeks for the bruising to go ay.

INSTRUCTIONS:

- Your medicines are: _____
- Keep a written list of what medicines you take and when and why you take them. Bring the list of your medicines or the pill bottles when you see your caregivers. Learn why you take each medicine. Ask your caregiver for information about your medicines. Do not take any medicines without first talking to caregivers.
- Always take your medicine as directed by caregivers. Call your caregiver if you think your medicines are not helping or if you feel you are having side effects. Do not quit taking it until you discuss it with your caregiver. If you are taking antibiotics (an-ti-bi-ah-tiks), take them until they are all gone even if you feel better.
- **Over-the-counter pain medicine:** You may use over-the-counter (OTC) pain medicines, such as ibuprofen or acetaminophen, for pain or swelling. These medicines may be bought without a caregiver's order. These medicines are safe for most people to use. However, they can cause serious problems when they are not used correctly. People with certain medical conditions, or using certain other medicines are at a higher risk for problems. Using too much, or using these medicines for longer than the label says can also cause problems. Follow direction

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

LOCATION 612

Name William Ellis Date 11-22-07

MEDICAL

Nature of complaint or illness:

Could someone please come and
check my blood pressure it has
remained high since Tuesday my
head wont stop hurting and im numb
on the left side of my scalp

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line -- For Reply Only)

DOCTOR ☐ DENTIST ☐ OTHER ☐

Date 22 Nov 07 Time Received 1900

Officer Schrad

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G/12
LOCATIONName William Ellis Date 11-27-07**M E D I C A L**

Nature of complaint or illness:

I need some tylenol and something for
a/c cold -

Sign here for consent

to be treated by health staff:

(Do Not Write Below This Line -- For Reply Only)

Given Tylenol and BenicorDOCTOR ☐DENTIST ☐OTHER ☐Date 22 Nov 07 Time Received 1500Officer Schwarz

INMATE REQUEST SLIP

LOCATION G12

Name William Jarvis Ellis Date 11-26-07

- ☐ Telephone Call ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give to Jailer

I need some Tylenol for my back and
legs. Also some Cold tablets and
Cough Syrup

(Do Not Write Below This Line - For Reply Only)

Given Guaiac

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

- ☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date 26 Nov 07 Time Received 1500

Schank

INMATE REQUEST SLIP

LOCATION 412Name William Ellis Date 11-27-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to JailerI need some Tylenol and something for
a Cold & Cough Syrup

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and Cough Syrup

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then
Forwarded To Those The Request Is Directed.☐ Lieutenant☐ Chief Deputy☐ SheriffDate 22 Nov 07 Time Received 1900Shan L



**RUSSELL COUNTY SHERIFF OFFICE
CORRECTIONAL HEALTH
TINA RILEY-PELFREY, LPN CCHP
TEL: (334) 298-8621 FAX: (334) 297-5130**

FAX

William Ellis
HAS AN APPOINTMENT WITH

DR. TRACY L. HARTFORD
AUBURN CHIROPRACTIC ASSOCIATES
1735 E. University Drive, Suite 103
Auburn, AL 36830
(334) 826-2225

TO: AUBI

FAX #:

PHONE #:

RE:

ON 12-10 AT 7:30
TUES. 12-12 AT 7:30
WED. 12-14 AT 7:30
THURS. 12-14 AT 7:30
FRI. 12-14 AT 7:30
SAT. 12-14 AT 7:30

We reserve the right to charge for appointments cancelled or broken without 24 hours advance notice.

URGENT

FROM: RUSSEL

PAGES: 2

DATE: 11/27/200

CC:

PLEASE COMMENT

William
HAS AN APPOINTMENT WITH

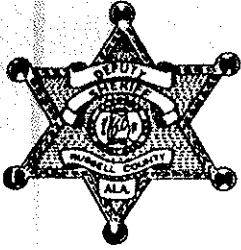
DR. TRACY L. HARTFORD
AUBURN CHIROPRACTIC ASSOCIATES
1735 E. University Drive, Suite 103
Auburn, AL 36830
(334) 826-2225

ON
MON. _____ AT _____
TUES. _____ AT _____
WED. _____ AT _____
THURS. 12-7 AT 1:00
FRI. 12-7 AT 1:00
SAT. _____ AT _____

We reserve the right to charge for appointments cancelled or broken without 24 hours advance notice.

NOTES:

Rankes



RUSSELL COUNTY SHERIFF'S DEPARTMENT

TOMMY BOSWELL, SHERIFF

POST OFFICE BOX 640

PHENIX CITY, ALABAMA

36868 - 0640

(334) 298-6535

FAX (334) 291-7667

**Auburn Chiropractic Associates
1735 E. University Drive
Auburn, Alabama 36830**


RE: William Ellis

Please send all charges on the above patient to the following:

**Russell County Commission
Post Office Box 969
Phenix City, AL 36868**

You consideration regarding this matter will be greatly appreciated.

Sincerely,


**T.Riley-Pelfrey, LPN-CCHP
Medical Division
Russell County Jail**



INMATE REQUEST SLIP

LOCATION 712

Name William Ellis Date 11-30-07

- ☐ Telephone Call ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give to Jailer

I need some Tylenol for my
back and leg and some cough
Syrup for a cold

(Do Not Write Below This Line - For Reply Only)

Given Tylenol and Guaiac

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

- ☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date 30 Nov 07 Time Received 1400

Jailer Sh. 1

**AUBURN CHIROPRACTIC ASSOCIATES****DR. TRACY L. HARTFORD**

1735 East University Drive, Suite 103

Auburn, Alabama 36880

Telephone: (334) 826-2225

Fax: (334) 826-2254

December 3, 2007**RE: Mr. William Ellis**

Post-It® Fax Note	7671	Date	# of pages ▶
To	Dr. Warr / Riley	From	Sissy
Co./Dept.		Co.	
Phone #		Phone #	334 826-2225
Fax #		Fax #	334 826-2254

To Whom It May Concern:

We are presently treating Mr. William Ellis for lower back pain with associated right leg pain. The treatment regimen that we have recommended is three times per week for two weeks with re-evaluation following the last treatment. We have scheduled his next treatment for December 5, 2007 at 8:00 a.m.

Please call if you have any questions.

Sincerely,**Dr. Tracy L. Hartford**

INMATE REQUEST SLIPLOCATION 512Name William Ellis Date 12-4-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to Jailer

on doing about the injury in the upper part
 of my back that is affecting my shoulders
 arms and fingers. The same way my hips
 and legs are being affected. After next week
 i will turn over my case to Southern Poverty
 Law Center to resolve my issues.

Mr. Ellis

(Do Not Write Below This Line - For Reply Only)

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then
 Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 12-4-7 Time Received 10:25

INMATE REQUEST SLIP

LOCATION 6/2Name William Lee Date 12-4-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to Jailer

in the hands of a person that is the
equivalent to an unlicensed practitioner. I am
under the assumption you thought one time would
fix my back. 3 times per week for 6 weeks
if I could stand it that's pure torture. It
was. Then you cut my pain medication after
7 days. My question is what do you plan

(Do Not Write Below This Line - For Reply Only)

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then
Forwarded To Those The Request Is Directed.☐ Lieutenant☐ Chief Deputy☐ SheriffDate 12-4-7 Time Received 10:25

INMATE REQUEST SLIP

LOCATION

Name William L. Ellis Date 12-4-07☐ Telephone Call ☐ Time Sheet☐ Special Visit ☐ Personal Problem ☐ OtherBriefly Outline Your Request. Give to Jailer

Dr. Watt I'm not sure what the notice was to
put me in traction. My injuries are way to severe
for traction. Even the Chiropractor thought I needed
to see a orthopedic Dr. Traction is rarely used
anymore for back injuries. I would not let any-
one that is not a Medical Doctor do traction on
me. It's scary that you would put my health

(Do Not Write Below This Line - For Reply Only)

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then
Forwarded To Those The Request Is Directed.☐ Lieutenant ☐ Chief Deputy ☐ SheriffDate 12-4-7 Time Received 1:45

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G12
LOCATION

Name William Ellis Date 12-4-07

MEDICAL

Nature of complaint or illness:

I'm sorry. I'm not getting the muscle
relaxer at night. The medication log has me down
for 1 tablet twice a day. Also (2) tramadol
at night im only getting one. I will make it
known to you im already paranoid of any and all
officers around me. The amount of pain im in with
no sleep makes it worse.

Sign here for consent
to be treated by health staff: _____

(Do Not Write Below This Line - For Reply Only)

12/6/07 Rec'd

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 5 Dec 07 Time Received 1900

Officer Schwartz

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G12
LOCATION

Name

William Ellis

Date

12-5-07

M E D I C A L

Nature of complaint or illness:

I need some Tylenol for my back
and something for cold,

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

Given Tylenol

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 5 Dec 07 Time Received

1400

Officer

Schmid

INMATE REQUEST SLIP

LOCATION

Name William Ellis Date 12-9-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to Jailer

asked me to try it and i did i cant take it
your subjecting me to more punishment. No
more again either i refuse it here or there
but i wont be subjected to anymore treatment
from someone who isnt a doctor. If she
makes a mistake el pay for it.

Mr. Ellis

(Do Not Write Below This Line - For Reply Only)

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then
Forwarded To Those The Request Is Directed.☐ Lieutenant☐ Chief Deputy☐ SheriffDate 12-09-07 Time Received 2041

Jailer

CBT

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

9/12
LOCATIONName William Ellis Date 12-9-07**M E D I C A L**

Nature of complaint or illness:

On Friday the 7th I went back to the Chiro
Practor and was given a back adjustment. I'm
still paying for that. Tommorrow morning im
going back. I refuse to be poked or pulled
any more. If you send me I'll refuse it
up there your making a bad problem worse
and im the one suffering for it. Dr. Warr

Sign here for consent
to be treated by health staff: _____

(Do Not Write Below This Line - For Reply Only)

12/10/07 Transpated to Dulles
Clinic and refused tx.

DOCTOR ☐DENTIST ☐OTHER ☐Date 12-9-07 Time Received 2041Officer LSB

Exhibit C – Part 5
Medical File of William Lanier Ellis, Sr.

Ellis, William

Date/ Time		9706 V/S: 129/85-86-18-972	Nurse Signature
102306 1040	C/O Cold symptoms / C/O Ear and throat discomfort (abscessed tonsil. Flu in 10 days. (Admits has never been seen by an orthopedic physician for back) Cant on R/ in pool Daily 100mg bid x 7 days Claritin-D qd x 3 days		
		98070 V/S: 148/86-105-15-975	
110606 1235	Flu: ? cotton/toilet paper @ ear tonsils look much better this date. - flush both ears wax in (R) ear cotton in (L) ear Large amt of cotton / tissue removed from (L) ear.		
03/09/07	Adm via Muscogee Co Jail Brought Pb 60mg for 3x day (45 total)		
03/10/07	Started back on Pb 60mg 3x day Ultram 50mg po JME-RN		
		9906 V/S: 123/79-88-16-98°	
031207 1045 BS: 110	Rebooked into facility. 36 y/o Wm denies suffering any additional medical conditions other than prior mention. Family Hx DM. NEENT: p LUNGS: clear HEART: NSR 50 AB: NT/BS x4 ED: good ROM / edema W: 150 lbs SKIN: normal	- Contact Lee Co for medical information. Pheroback 60mg bid Naproxen 500mg qHS	
		98070 V/S 159/99-93-16-975	
041607 1250	C/O problems & issues Cold combos bid x 5 days		

041607 1250

Ellis, William

Date/ Time		10097 v/s: 155/99-103-18-967	Nurse Signature
061107 12 ³⁰	C/O continue back pain (Move blue mattress Friday 6/8/07 to assist on care. Ultram 50mg bid Obtain copy of MRI & CT Scan in 2005.		
062607 0930	Moved to cell & bunk for C/O discomfort from sleeping on boat.		Rafael Lopez #1
1630	Med - Case unable to locate consent form. Re- fused.		Rafael Lopez #10
062807 0750	Med - Case 322-2223 - no answer		Rafael Lopez #10
0840	Dr. Wan spoke w. office manager and was informed information will be faxed within the next few hours.		Rafael Lopez #10
1115	Seen by Dr. Wan. Muscle sub to be given ↑ Naproxen 500mg bid		
	Call Dr. Lucko - 706-320-9959		
1355	Clarity @ St. Francis Medical Records state MRI done @ that Hospital since 2000. Will fax radiology results on file.		Rafael Lopez #10
072407	Transported to appt w. Dr. Caredo.		Rafael Lopez #10
8/16/07	call 1st home about afternoon nurses shift not by court order. He said same. Clonidine 2 ÷ qd x 3 Buspar 10mg ÷ HS		

[illegible]

Ellis, William

Date/ Time		147/91 - 94-18-975 100% Nurse Signature
090607 1120	<p>Chronic throat - Allergy - lymph nodes swollen both sides neck swayed - 9HS x 14 days DC Buspar Effexor XR 75mg - 9AM</p>	
092107 0830	<p>Refused Effexor XR 75mg stating too many side effects. Did not offer to explain symptoms or effects.</p>	<p>Refused Effexor XR 75mg Refused Effexor XR 75mg</p>
100907	<p>Contacted EAMH - ref. to intake. Appt being scheduled for 2/08, requested to have one NAD. Go call back.</p>	<p>Refused Effexor XR 75mg Refused Effexor XR 75mg</p>
101107 1255	<p>Discuss status of EAMH appt. not able to get me at this time - will get me as soon as possible</p>	<p>Refused Effexor XR 75mg Refused Effexor XR 75mg</p>
102207 1135	<p>Ch swelling of throat -broke out in ears Cold combo bid x 5 days Throat and T-pitch - 19 for 5 days</p>	<p>Refused Effexor XR 75mg Refused Effexor XR 75mg</p>
111207 0935	<p>Continues to Ch back pain, states feels as though injury occurred when arrested when L/E placed knee in back during arrest. DC Naproxen 1 Hamadel HS 100mg MRI - Lumbar/sacral</p>	<p>Refused Effexor XR 75mg Refused Effexor XR 75mg</p>
	<p>Chant express. That 30% Surge pass wise left with Surge he R needed at this time</p>	<p>Refused Effexor XR 75mg Refused Effexor XR 75mg</p>

Ellis, William

Date/ Time		Nurse Signature
112607	Flu: MRI results	
1150		
	Chris R. & Deconson	
	Auburn: Per on bench worse	
	will try Elavil; Am. P. in	
	change treatment to Am. P. for	
	Liposon 100mg bid.	
112707	Auburn Chiropractic Associates	
1425	(334) 826-2254 fax	
	9 ³⁰ CST Wednesday.	
	Letter faxed - response for charges.	Reevey, Loretta
112807	Rec'd call from Dr. Hartford's office (Auburn Chiro.)	
0930	to reschedule appt until Thurs. 11/29/07 @	
	3pm. Called dispatch to Lane deputy return	Reevey, Loretta
	to J-3.	
112907	Transported to appt @ Auburn Chiropractic.	Reevey, Loretta
1400		
120507	Appt c Dr. Tracy Hartford.	
	Flu on 12/07/07.	Reevey, Loretta
12/07/07	Appt Auburn Chiropractic - Dr. Tracy Hartford.	Reevey, Loretta
1:00		
12/10/07	Transported to Auburn Chiropractic -	
	Refused treatment.	Reevey, Loretta

#1

INMATE REQUEST FORM

Prentiss Griffith Detention Facility

G/12
LOCATION

Name William Ellis Date 12-30-07

M E D I C A L

Nature of complaint or illness:

Dr. Warr on 12/27/07 you made a medication change the Docobol hasn't made any difference Maybe this will help even when i have a bowel movement im in severe pain. This has hit a point of no return as of now its between you and me. I really want to thank you for making a

Sign here for consent
to be treated by health staff:

(Do Not Write Below This Line - For Reply Only)

1/2/08 Forwarded to Atty.

DOCTOR ☐

DENTIST ☐

OTHER ☐

Date 12-31-7 Time Received 10:00

Officer [Signature]

INMATE REQUEST SLIP

LOCATION _____

Name _____ Date _____

☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ Other

Briefly Outline Your Request. Give to Jailer

Change in the meds. I'm coming to you with this i do not approve of Mrs Riley dealing with my medication or medical records. ask that Goodman take care of it as a neutral party or if i need to file a Complaint with the Nursing board under Conflict of interest i will

(Do Not Write Below This Line - For Reply Only)

1/2/08 Forwarded to Atty

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date 12-31-07 Time Received 10:00

Jailer 

INMATE REQUEST SLIP

LOCATION _____

Name _____ Date _____

☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ Other

Briefly Outline Your Request. Give to Jailer

I do believe that should try to do something to me or my records. If i have to keep suffering everyone involved is going to suffer with me. Now im faced with having surgery and i know when its over i will never be the same. I will end up in pain management but its got to have

(Do Not Write Below This Line - For Reply Only)

Some relief my nerves are shot im trying everything you recomend but its worse please stop treating it like a mild injury because its not. Im struggling every day
1/2/08 Forwarded to HHG

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate *12-31-07* Time Received *10:00*Jailer *[Signature]*

INMATE REQUEST SLIP

G 12
LOCATIONName William Ellis Date 12-30-07☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to Jailer

If i have to plea my Case to the board of Medical examiners for relief i will please dont force me to file against you Dr waer. Im asking you. do the right thing in your medical opinion i fully understand you dont agree with pain management but it is part of my life i have

(Do Not Write Below This Line - For Reply Only)

to live with everyday and will for the rest of my life. Now im much worse. Pain Management is an everyday part of life for millions of people

1/2/08 Forwarded to Atty.

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 12-31-07 Time Received 12:00Jailer [Signature]

INMATE REQUEST SLIPG 12
LOCATION

Name _____ Date _____

☐ Telephone Call☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give to Jailer

My question is how do you expect me to do a full recovery after surgery in here. these floors alone are enough to damage any repair done. To many mistake have been made already in trying to resolve the medical with you but the rest of it the Court will decide.

(Do Not Write Below This Line -- For Reply Only)

1/2/08 Forwarded to HHH

Approved _____ Denied _____ Collect Call _____

All request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

☐ Lieutenant☐ Chief Deputy☐ SheriffDate 12-31-07 Time Received 06:00Jailer [Signature]

Exhibit D
Affidavit of Dr. Spud Warr

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION

WILLIAM LANIER ELLIS, SR.,)

Plaintiff,)

v.)

Civil Action No. 3:07-cv-920-MHT-SRW

RUSSELL COUNTY JAIL, et al.,)

Defendants.)

AFFIDAVIT OF SPUD WARR

STATE OF ALABAMA)

COUNTY OF RUSSELL)

1. My name is Spud Warr. I am over the age of nineteen and am competent to execute this affidavit, which is based on my personal knowledge, training and experience.

2. I am a licenced doctor (M.D.) contracted to the Russell County Jail, Russell County, Alabama, and was serving in that position at all times relevant to Plaintiff's Complaint. I graduated from the University of Alabama, Birmingham, medical school in 1959, and was Alabama State Board Certified that same year. My field of practice is general (family) practice. I have practiced in Phenix City ever since I finished my residency. I am a fellow of the American Academy of Family Practice.

3. I have reviewed the Plaintiff's Complaint filed in this matter. I have some personal knowledge of the facts stated in the Complaint.

4. It is the policy of the Russell County Sheriff's Department that the Jail personnel provide timely medical treatment to inmates. Forms on which medical requests may be related to the Jail staff are readily available in the Jail. Inmates are furnished these forms at any time

they request one. An exception exists for requests of an emergency nature, which may be made orally. Members of the Jail staff are charged with responding to such requests. Copies of all medical request forms are placed in an inmate's medical file. In an emergency situation, the Jail personnel have the authority to send inmates to the jail infirmary immediately.

5. It is a violation of the policies of the Russell County Jail to deny necessary medical attention, care or medication to an inmate.

6. I am not bound by another doctor's prescription or course of treatment.

7. Upon the Plaintiff's incarceration in the Russell County Jail, I substituted Tremadol, a non-narcotic, Class 4 controlled substance, for the Plaintiff's current pain medication, which was potentially narcotic. It is the policy of the medical staff of the Russell County Jail that patients are not given any medication that contains a narcotic ingredient.

8. Although the Plaintiff informed me upon his intake that he has ruptured disks in his back, I could not verify that information. Therefore, I scheduled an MRI for the Plaintiff. After the MRI, I verified that the Plaintiff has a bulging disc in his back. I consulted with Dr. Byeth, a neural radiologist, who informed me that the Plaintiff's situation might respond to chiropractic decompression as an alternative to surgery. Therefore, I arranged to send the Plaintiff to a chiropractor in Auburn, Alabama. The Plaintiff attended three such appointments, and declined to go anymore, stating that it was not helping. After the Plaintiff quit going to the chiropractor, I called her and was informed that at least 6 treatments were needed to determine if that course of treatment was going to help.

9. I prescribed Busbar for the Plaintiff's anxiety, but he indicated that he did not like taking it, and it did not seem to be helping him. Therefore, I discontinued that medication. I scheduled an appointment at the East Alabama Mental Health Clinic for the Plaintiff, at which

time they prescribed him a non-narcotic medication. The Plaintiff is currently receiving that medication.

10. The Plaintiff repeatedly complained of the pain in his back and that the medication was not helping. I arranged for the Plaintiff to see a neurologist, Dr. Candeno, who saw him once. After that examination, Dr. Candeno informed me on the telephone that he did not want to change the Plaintiff's current course of treatment. Dr. Candeno also informed me that he did not want to see the Plaintiff again because the Plaintiff was hostile with him.

11. I first became aware of the Plaintiff's slip and fall when Nurse Riley informed me of it shortly after it happened. I instructed her to send the Plaintiff to the hospital for an x-ray. The next day I was in the Jail, I read the hospital report, and discovered that the x-rays were negative, showing no injury to the back. Later, when visiting the hospital pursuant to the MRI mentioned above, I personally examined the x-rays along with the radiologist. I currently have scheduled an appointment with a neurosurgeon for the Plaintiff.

12. I do not recall seeing any medical referral from a Dr. Mecca recommending high level pain management, and I have no knowledge of said doctor.

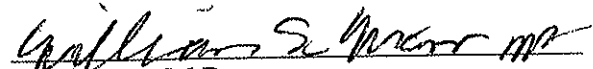
13. About once a month, I accompany jail personnel while they dispense medications, to determine that the medications are being dispensed properly. In the six years that I have been working at the Russell County Jail, I have participated in this activity, and I have never seen any medications improperly dispensed, or failed to be dispensed. Medications are pre-packaged and must be taken at the moment they are dispensed, in the presence of and watched by the dispensing officer.

14. In my personal experience, Nurse Riley has never overstepped her bounds as a nurse. She always consults with me on diagnosis and treatment, and has never diagnosed or

treated an inmate without first consulting with me. Though she physically writes the orders, she has never written orders that I did not tell her to write. I always read the orders before I sign them.

15. I certify and state that the medical documents provided to the Court which are attached to the Defendants' Special Report are true and correct copies of the Plaintiff's health records, kept at the Russell County Jail in the regular course of business.

16. I affirm, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.


Spud Warr, M.D.

SWORN TO and **SUBSCRIBED** before me this 4 day of January, 2008.


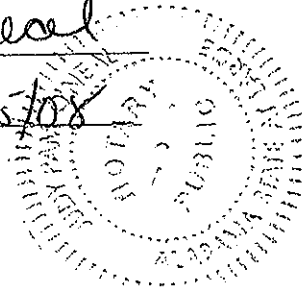

NOTARY PUBLIC
My Commission Expires: 6/25/08


Exhibit E
Affidavit of Michael J. San Nicholas

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION**

WILLIAM LANIER ELLIS, SR.,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 3:07-cv-920-MHT-SRW
)	
RUSSELL COUNTY JAIL, et al.,)	
)	
Defendants.)	

AFFIDAVIT OF MICHAEL J. SAN NICHOLAS

STATE OF ALABAMA)	
)	
COUNTY OF RUSSELL)	

1. My name is Michael J. San Nicholas. I am over the age of nineteen and am competent to execute this affidavit, which is based on my personal knowledge, training and experience.

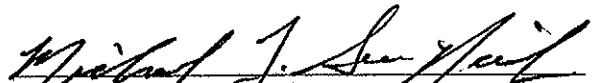
2. I am a Sergeant and a correctional officer with the Russell County Sheriff's Department, and was employed in that position at all times relevant to the Plaintiff's Complaint.

3. I have reviewed the Plaintiff's Complaint filed in this matter. I have some personal knowledge of the facts stated in the Complaint.

4. On November 20, 2007, I was doing a head count with another officer and found a water bag in the Plaintiff's cell block. A water bag is an improvised weight-lifting device constructed from a trash bag filled with water. Inmates are not supposed to have or make water bags. Usually, a water bag consists of two plastic bags placed in a shirt. The Plaintiff's water bag consisted of one plastic bag without a shirt. The water bag was too heavy for me to lift so I poked a hole in it. Water came out faster than I expected so I left to get mops and buckets to

clean it up. While I was gone, I received a call on the radio that an inmate fell. I responded back to the cell block and found the Plaintiff laying on the floor. The Plaintiff appeared to be in good spirits, making jokes and laughing with the other inmates. He had some wet spots on his clothes, but he was not soaked or dripping. He informed me that he hurt his back. I called another officer to get a wheelchair, and helped the Plaintiff sit up on the floor. The Plaintiff stood and got into the wheelchair by himself. I wheeled the Plaintiff to the Jail infirmary and called the on-call nurse. I was instructed that the Plaintiff was to be taken to the hospital for x-rays. Therefore, I placed the Plaintiff in a holding cell until a deputy could take custody of him and transport him. Prior to the Plaintiff being transported, I provided him with a fresh, clean uniform. I observed the Plaintiff stand up and change clothes without any assistance. Upon observation, he did not appear to experience any pain, and had no trouble changing clothes.

7. I affirm, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.


Michael J. San Nicholas

SWORN TO and **SUBSCRIBED** before me this 4 day of January, 2008.


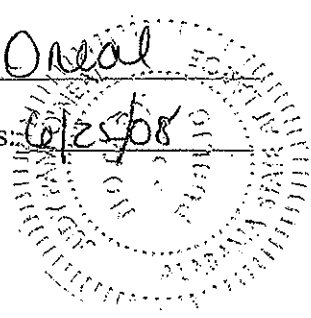

NOTARY PUBLIC
My Commission Expires: 6/25/08


Exhibit F
Affidavit of John A. Still

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION

WILLIAM LANIER ELLIS, SR.,

Plaintiff,

v.

Civil Action No. 3:07-cv-920-MHT-SRW

RUSSELL COUNTY JAIL, et al.,

Defendants.

AFFIDAVIT OF JOHN A. STILL

STATE OF ALABAMA

COUNTY OF RUSSELL

1. My name is John A. Still. I am over the age of nineteen years and am competent to execute this affidavit, which is based on my personal knowledge, training and experience.

2. I am a Deputy Sheriff with the Russell County Sheriff's Department, and was employed in that position at all times relevant to the Plaintiff's Complaint.

3. I have reviewed the Plaintiff's Complaint filed in this matter. I have some personal knowledge of the facts stated in the Complaint.

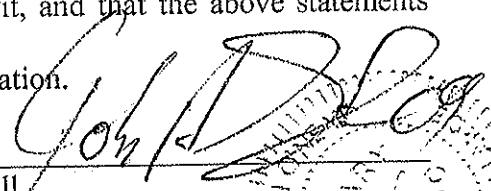
4. At the time and date made the subject of the Plaintiff's Complaint (November 20, 2007), I was on the Sheriff's Department transportation team, which meant that I was on call for jail transports. On that date, I was called to the Russell County Jail to transport the Plaintiff to Summit Hospital for a possible back injury. When I arrived at the Russell County Jail, the Plaintiff was sitting in a wheelchair in a holding cell, wearing sweat pants and a t-shirt. Jail policy dictates that an inmate may not be transported in a jail unless he or she is in a white Russell County jail uniform. Therefore, the Plaintiff was required to change into such a uniform,

which was clean and dry. When we began to put a waist belt restraint on him, the Plaintiff informed us that he did not want any restraints on him when he went to the hospital. However, the Plaintiff is charged with attempted murder and therefore, Jail policy dictates that he cannot go out of the jail without restraints. Therefore, the waist belt restraint was applied to the Plaintiff. I personally checked the tightness of the restraint and found that it moved up and down with ease; in fact, it could move all the way up to the Plaintiff's ribs. At that time, the Plaintiff did not complain about the tightness of the restraints.

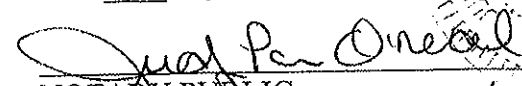
5. The Plaintiff walked out of the jail under his own power and was transported in my patrol unit to Summit Hospital. He walked into the hospital under his own power. I observed hospital personnel attempt to perform an MRI on the Plaintiff, but he kept moving and therefore, the MRI was unsuccessful. While we were at the hospital, the Plaintiff began complaining about the tightness of the restraining belt.

6. While we were en route to and at the hospital, I did not ask the Plaintiff any questions; however, the Plaintiff was voluntarily telling me about his case. I have not spoken to any investigators or other law enforcement or judicial personnel about the Plaintiff's case or concerning what the Plaintiff told me.

7. I affirm, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.


John A. Still

SWORN TO and SUBSCRIBED before me this 4th day of January, 2008.


NOTARY PUBLIC

My Commission Expires: 6/25/08

Exhibit G
Affidavit of Loetta Holland

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION**

WILLIAM LANIER ELLIS, SR.,

Plaintiff,

v.

RUSSELL COUNTY JAIL, et al.,

Defendants.

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Civil Action No. 3:07-cv-920-MHT-SRW

AFFIDAVIT OF LOETTA HOLLAND

STATE OF ALABAMA

COUNTY OF RUSSELL

)
)
)

1. My name is Loetta Holland. I am over the age of nineteen years and am competent to execute this affidavit, which is based on my personal knowledge, training and experience.

2. I am a Lieutenant and the Jail Administrator of the Russell County Jail, Russell County, Alabama, and was employed in that position at all times relevant to Plaintiff's Complaint.

3. I have reviewed the Plaintiff's Complaint filed in this matter. I have no personal knowledge of the facts stated in the Complaint. I did not become aware of the allegations made the basis of the Plaintiff's Complaint until I was served with it.

4. It is the policy of the Russell County Sheriff's Department that members of the Jail staff receive and answer inmate grievances. Forms on which grievances may be related to the Jail staff are readily available in the Jail. Inmates are furnished these forms at any time they request one. An exception exists for requests of an emergency nature, which may be made

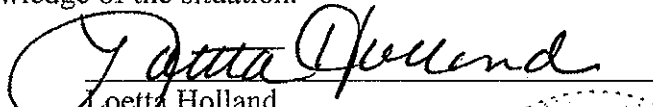
orally. Members of the Jail staff are charged with responding to such grievances. Copies of all completed grievances and request forms are placed in an inmate's jail file.

5. It is the policy of the Russell County Sheriff's Department that the Jail personnel provide timely medical treatment to inmates. Forms on which medical requests may be related to the Jail staff are readily available in the Jail. Inmates are furnished these forms at any time they request one. An exception exists for requests of an emergency nature, which may be made orally. Members of the Jail staff are charged with responding to such requests. Copies of all medical request forms are placed in an inmate's Jail file and medical file. In an emergency situation, the Jail personnel have the authority to send inmates to the jail infirmary immediately.

6. It is a violation of the policies of the Russell County Jail to deny necessary medical attention, care or medication to an inmate.

7. I certify and state that the documents provided to the Court which are attached to the Defendants' Special Report are true and correct copies of the Plaintiff's inmate and health records kept at the Russell County Jail in the regular course of business.

8. I affirm, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.


Loetta Holland

SWORN TO and **SUBSCRIBED** before me this 4 day of January, 2008


NOTARY PUBLIC
My Commission Expires: 6/25/08

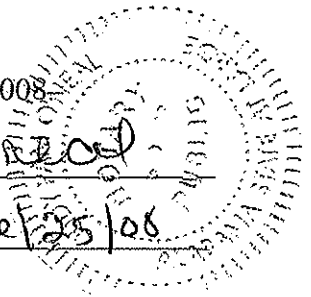


Exhibit H
Affidavit of Danny Bussey

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION

WILLIAM LANIER ELLIS, SR.,

Plaintiff,

v.

RUSSELL COUNTY JAIL, et al.,

Defendants.

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Civil Action No. 3:07-cv-920-MHT-SRW

AFFIDAVIT OF DANNY BUSSEY

STATE OF ALABAMA

COUNTY OF RUSSELL

)
)
)

1. My name is Danny Bussey. I am over the age of nineteen and am competent to execute this affidavit, which is based on my personal knowledge, training and experience.

2. I am a sergeant and the assistant jail administrator with the Russell County Jail, Russell County, Alabama and was a employed in that position at all times relevant to Plaintiff's Complaint.

3. I have reviewed the Plaintiff's Complaint filed in this matter. I have no personal knowledge of the facts stated in the Complaint. I did not become aware of the allegations made the basis of the Plaintiff's Complaint until I was served with it.

4. It is the policy of the Russell County Sheriff's Department that members of the Jail staff receive and answer inmate grievances. Forms on which grievances may be related to the Jail staff are readily available in the Jail. Inmates are furnished these forms at any time they request one. An exception exists for requests of an emergency nature, which may be made

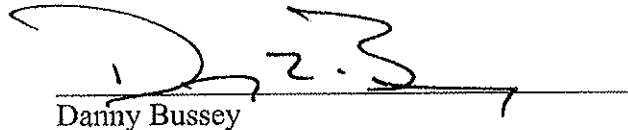
orally. Members of the Jail staff are charged with responding to such grievances. Copies of all completed grievances and request forms are placed in an inmate's Jail file.

5. It is the policy of the Russell County Sheriff's Department that the Jail personnel provide timely medical treatment to inmates. Forms on which medical requests may be related to the Jail staff are readily available in the Jail. Inmates are furnished these forms at any time they request one. An exception exists for requests of an emergency nature, which may be made orally. Members of the Jail staff are charged with responding to such requests. Copies of all medical request forms are placed in an inmate's Jail file and medical file. In an emergency situation the Jail personnel have the authority to send inmates to the jail infirmary immediately.

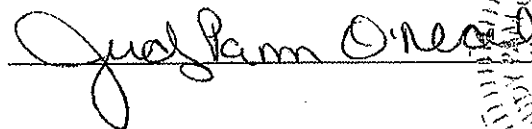
6. It is a violation of the policies of the Russell County Jail to deny necessary medical attention, care or medication to an inmate.

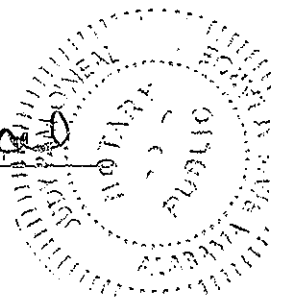
7. I certify and state that the documents provided to the Court which are attached to the Defendants' Special Report are true and correct copies of the Plaintiff's inmate and health records, kept at the Russell County Jail in the regular course of business.

8. I affirm, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.


Danny Bussey

SWORN TO and **SUBSCRIBED** before me this 4 day of January, 2008.





NOTARY PUBLIC

My Commission Expires: 6/25/08

